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VS A15 (4) 15M 9/55

HOSPITAL

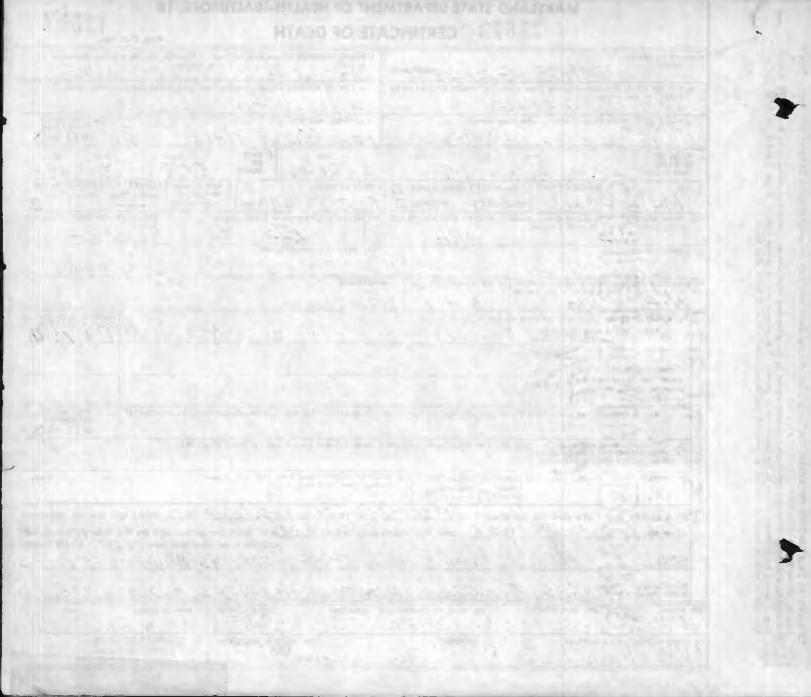
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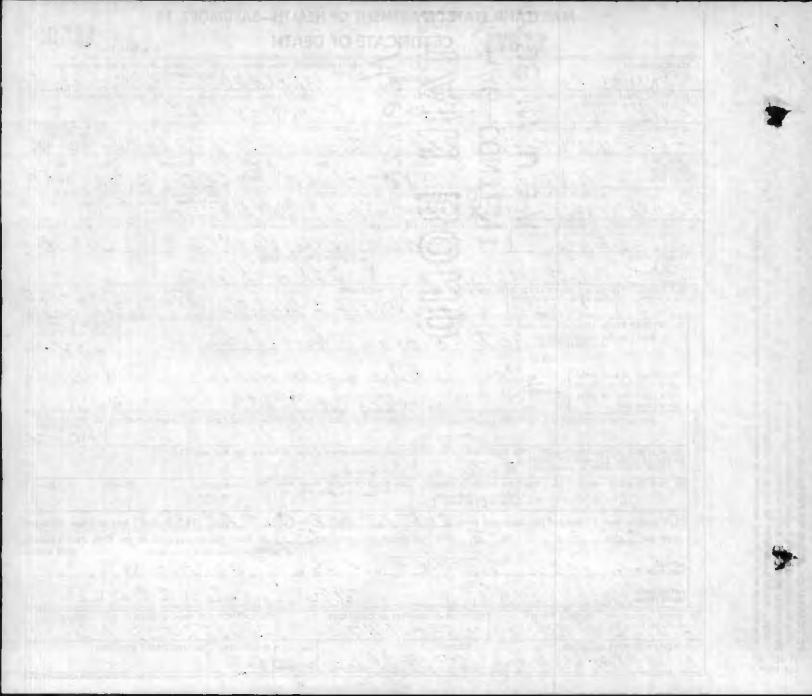
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thot by th MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11598 CERTIFICATE OF DEATH EVOLL Reg. Dist. No. director. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY g. STATE & COUNTY filed MARYLAND RINGE NONE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give negrest town 4NDREWS d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE 25 YES INO D SAF 5 NAME OF First Middle Lost 4. DATE Month Year Day OF DEATH (Type or print) 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Y B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Haurs WIDOWED [7] DIVORCED F complet yrs. papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of yogking life, even if ratired) 12. CITIZEN OF WHAT COUNTRY? SIRTHPLACE (State or foreign country) oud carbon ofter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO requires that Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [] NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Port 11 of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (Slale) (County) foctory, street, office bldg., etc.) Hour o. m Not while al wark at wark 21. I certify that I attended the deceased from 13 Oct been 1958 to 13 Oct been 1958 that I last saw the deceased , and that death occurred at 3:/2/1M, from the causes and an the date stated above. alive on 13 OctobER ADDRESS (Street, city or town, stole) / 30075 X DATE SIGNED DIRECT ACTUAL .물 3 should HOSPITAL FUNERAL I NAME (Type) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. ŁOCATION (City, fown, or county) 220. BURIAL CREMATION. (State) REMOVAL (Specify) 0 10 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kraus VS A15 (4)

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**CERTIFICATE OF DEATH** director, I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY. Pali g. STATE b. COUNTY MARYLAND 00R985 RINCE nivee Geong b. CITY OR TOWN (If outside corporde timits, write / c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) RURAL and give nearest town) HAINIEK HINIER d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 4109 09 297 2974 57 YES NO PA Ç. J. NAME OF First Middle Last 4. DATE Month Day DECEASED ANDERSON 2 3 (Type or print) HuausT DEATH Oci 10 5 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours WIDOWED Z DIVORCED T popers. yrs. сашр 100. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) OUSA. house wife 13 FATHER'S NAME 14. METHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY. BRONCHOPIV IMMEDIATE CAUSE (o) **DUE TO** Cenebras Thrombosis Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 201. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Not while p. m. ot work at work 1956, 10 007 23 1958 that I last saw the deceased 21. I certify that I attended the deceased from 7205 and that death occurred at 11.22 M, from the causes and on the date stated above. alive on Ce7 23 ADDRESS (Street, city or town, stote). DATE SIGNED Pri 3 should PHYSICIAN'S NAME (Type) FUNER 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Ipwn, or county) (Stole) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE VS A15 (4) Orthug S. Kraus. 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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010	cute the certific e, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	I	REC	
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VS. A15ME(S) 5M 9/SS

MARYLAND	STATE	DEPARTMEN	NT OF HEAL	TH-BAL	TIMORE,	18
MEDIC	AL EX	AMINER'S	CERTIFICA	TE OF	DEATH	Po

11601

				11031 2101 1101
1. PLACE OF DEATH				tion: Residence before admission)
Prince Georg	es MARYLAND	o. STATE Mary	land b. COUNT	Pr. Geo.
b. CITY OR TOWN   It outside corporate limits, write RURAI and give repared fourn	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside corporate limits, write	RURAL and give nearest town)
Hyattsville	3 weeks	15 Hyat	ttsville	
d. NAME OF HOSPITAL OR INSTITUTION (IF not		d. STREET ADDRESS		e. IS RESIDEN ON A FAR
4717 Baltimore Ave	nue	4717	7 Baltimore A	
3. NAME OF DECEASED (Type or print) Morris	Edwin An	glin	4. DATE Month	
5. SEX 6. COLOR OR RACE 7. M	ARRIED TO NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER TYEAR IF UNDER 24 I
Male White win	OWED DIVORCED	October 21		Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUN
during most of working life, even if retired) Proof reader	Newspaper	Washing		U.S.A.
13. FATHER'S NAME	1557	14. MOTHER'S MAIDEN	NAME	
William Henry A			Morriss	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unknown)  No.		Idred Angl	5604 Lor Lin: Hyattavi	ngfellow Street
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Pulmonary	embolism		ONSE! AND DEATH
4491 X DUE TO		OMOOTI DI		
C	Bronchopne	บทอกร้อ		
gove rise to Immediate couse		0.11.0		
(a), stoling the underlying cause fost.				
	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDITION GIVE	EN IN PART IGN 19, WAS AUTOP
PART II. OTHER SIGNIFICANT CONDITION  PART II. OTHER SIGNIFICANT CONDITION  20b. DESPRIMARY   or CONTRIBUTING   CAUSE OF DEATH.		A		PERFORMED?
20g. EXTERNAL CAUSE WAS 20b. DES	SCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Por	et Lor Part II of item 18.1	112 M (40
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	100000000000000000000000000000000000000	mor nations of injury in 101	it i or i or i or i or i or	
	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	m 1206 (City or Igwn)	(County) (Sto
Hour o. m.	While _ Not white _ focto	ry, street, office bldg., etc	-)   201. (City of rown)	(count) (or
	at work at work			
21. I certify that I took charge of t				Inquiry K, and find
death resulted from: Notural cause	es Accident [], Suit	tide [], Homicide	e, Undetermined co	ause .
1 50m				DATE SIGNED
SIGNATURE SIGNATURE	aloney	_M.D. CHIEF MEDICAL E	XAMINER [	57118 5157185
EXAMINERS TO 100		ASSISTANT MEDIC	CAL EXAMINER	
NAME (Type) JOHN T. MAI		DEPUTY MEDICAL	EXAMINER 10 Octob	er 29, 1958
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, o	
Entombinent Nov 1, 1958	Fort Lincoln	Masoleum	Colmar Manor	, Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC	D BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE
F. Gasch's Sons	Hyattsville Md.	DATE	MON 9 PER	me de de

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Page .



## eral director, may be retained by the haspital or attending physician. TO FUNERAL DIRECT R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Them please remove carbon papers. Pages 2 should be detached for use as the burial-transit permit. Them please remove carbon papers.

ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 10/S7 ER Ins

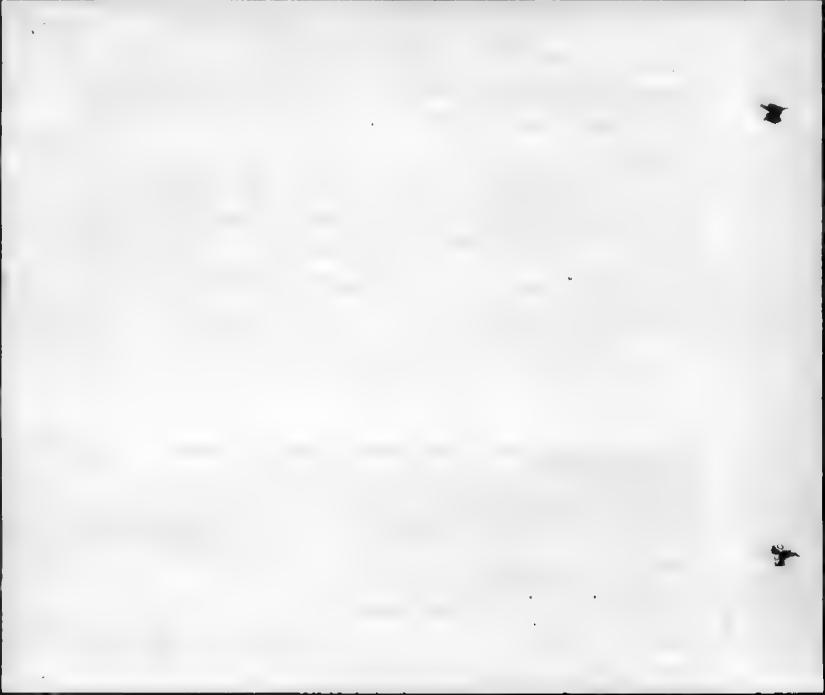
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11625 CERTIFICATE OF DEATH

12797

Reg. Dist. No.

G. COUNTY  MARYLAND  G. STATE  b. COUNTY	mission)
	~~~
b CITY OR TOWN (If outside corporate limits; write RURAL and give nearest town)  Laryland Prince George C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	lown)
d NAME OF HOSPITAL (if not in hospital, give street oddress)  or INSTITUTION  or INSTITUTION	RESIDENCE N A FARM?
	NO T
3. NAME OF First Middle Last 4. DATE Month Day	Year
(Type or print)  Baby  Boy Arnett MAN  October 20	19 58
S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF U	NDER 24 HRS
Male Negro WIDOWED DIVORCED October 19. 1958 Ost birthdoy) Months Doys Hou	
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF Will during most of working life, even if retired)	
None Newborn Maryland United	Stotes
13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	DUBUCS
Alfred Henrietta Belt	
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unknown) (If yes, give wor or detes of service)  Henrictta Arnett, Nother Address	
	S SAME
PART I DEATH WAS CAUSED BY	ND DEATH
· IMMEDIATE CAUSE (o)	
DUE TO GOOD THE TO	
Conditions, if any, which gove rise to immediate (b)	
couse (v), stoling the under-	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 W. PEI	AS AUTOPSY RFORMED?
₹ YES	□ NO □
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 W. PEI  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Port I or Port II of item 18)	
County)  Oct TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work.	(State)
21. I certify that I attended the deceased from October 19 , 19 58, to October 20 , 19 58, that I last saw t	he decease
alive an October 20 , 19 58 , and that death occurred at 2 A M, from the causes and on the date st	
, ADDRESS (Street, city or town, stole)	DATE SIGNE
SIGNATURE Orlew Juben M.D. 5301 Hamilton A. Hystonicy	11/2 de
	12405
	/ /
PHYSICIAN'S Dr. John W. Perkins	
NAME (Type) DI & COLLI W & TOTALIS  220. BURIAL, GREMAT ON, 22b. DATE/THEREOF / 22c. NAME OF CEMETERY OR CREMATORY   22d. IOCATION (City forms or county)	State)
NAME (Type)  220. BURIAL, OREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Specify)	State)
NAME (Type) DI 6 00111 W 6 161 K. LISS  220. BURIAL, GREMAT ON, 122b. DATE/THEREOF / 22c. NAME OF CEMETERY OR CREMATORY   22d. IOCATION (City Investor County) (1)	State)



Harry W. Penn, Jr.

VS A15 (4)

15M 10/57

e IS RESIDENCE

ON A FARM?

YES NO D

19 58

20

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

WAS ALTOPS! PERFORMED? YES 🔲 NO 🖺

(State)

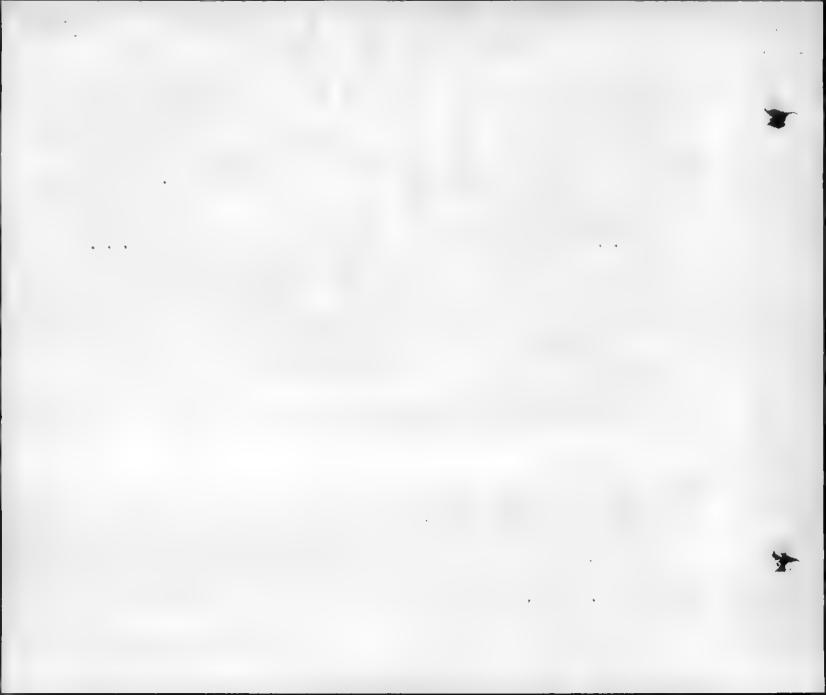
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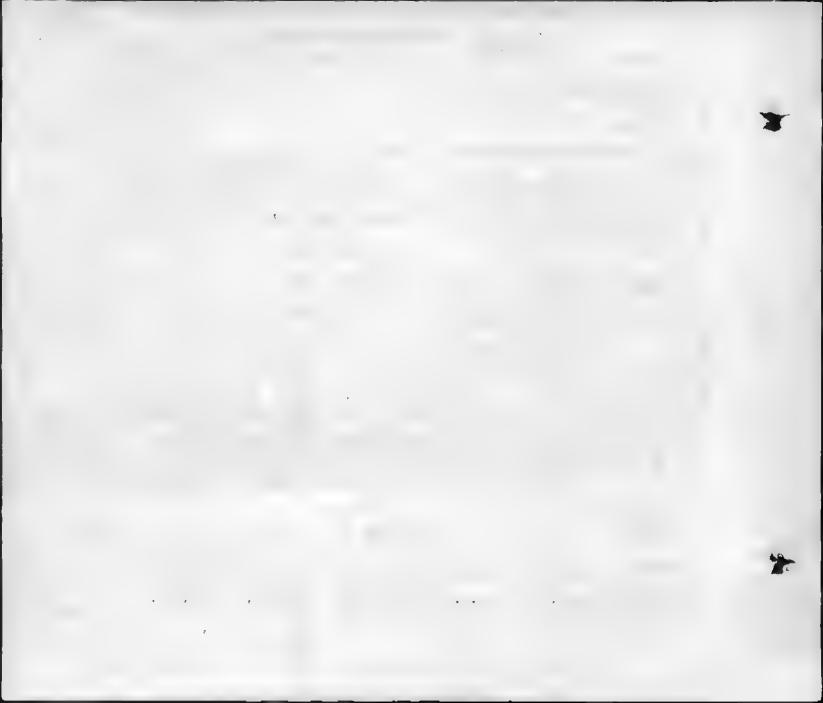
(County)

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	MARYLAND STATE DEPA	RTM	ENT OF HEAI	LTH-BA	LTIMORE, 1	8		4.00	2
	11627 CERT	FICA	ATE OF DEA	TH		Reg. Di	and the	160	13
	. PLACE OF DEATH a. COUNTY MAR	rLAND	2 USUAL RESIDENCE STATE Marylan		b. COUNTY	nı Resider	_		ion)
ŀ	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  1 Week	IN 1b			parate limits, write R				)
-	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		- Bowie	SS				e. IS RES	
15	NAME OF DECEASED Laurel General Hospital Middle		Lost	4. DATE	Mon	th	Da		NO N
	(Type or print) Barbara	Bauma	תח	OF DEAT	н Ост	tober	13	3 1	19 58
•	Female White Widowed & Divorce		B. DATE OF BIRTH  November	17.1875	9, AGE (In years last birthday) 83 yrs	Months	Days	Hours	R 24 HRS. Min
1	Outservice  Outser	OR INDUS	TRY 11. BIRTHPLACE (S	itole or foreign	country)		S A	F WHAT	COUNTRY
ì	3. FATHER'S NAME		14 MOTHER'S MAID						,
	Charles Baumann  S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.  Yes, no our unbaum? 1. (1) Yes, busy unb or doing of Marrice?  16 SOCIAL SECURITY NO.	17 11	Eva T	kies	Adde	ess.			
=	18 CAUSE OF DEATH [Enter only one couse parting for (a), (b), and (c)	1	Hospital R	ecorda			LANGT	ERVAL BE	That E E L
	PART I. DEATH WAS CAUSED BY:	all	o Ana	Mu	nie			T AND	
	Conditions, if any, which) DUE TO CIRCLE	120	all the	120	ulni	1 -	1	10	for
	gave rise to immediate couse (a), stating the under- lying cause last,	e to	the	211	Plita		1	02	les
		ATH BUT	NOT RELATED TO THE T	BAMINAL DISEA	SE CONDITION GIV	EN IN PAR	1 1(a) 1	PERFO	RMER?
	PART IL OTHER SIGNIFICANT COND TIPOUS CONTRIBUTING TO DE  206 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CONTR	CCURRED	). (Enter nature of injury	y in Part I or Pe	ort II of item 18 )			YES 🗌	NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m 19 While Not white at work at work	20e. PLA	ACE OF INJURY (Home, tory, street, affice bldg.	form, 20f (Ci	ly or town]	- 1	County)		(Stole)
	21. i certify that attended the deceased from ID	//	19/16/10	11/1	3/18	",that I	last so	ow the	deceased
	alive on 1511 19 and that	deoth	occurred g	ADDRESS	om the causes a Street, city or town,	ind on t	he da		d above.
	SIGNATURE Marre	en	W.D	an	Mus	M	w	10,	113/
-	PHYSICIAN'S John M. Warren M.D. 305					d			
4	REMOVAL (Specify)  Oct 16, 1958  Church of CEM	of As	scension	Bo	owie, Md.	ar county)		(State	r)
0.4	3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS	1 2	DATE DATE	REC'D BY REGI	STRAR 24b. REGIS	TRAR'S SH		RE	



VI IT		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		11675 CERTIFICATE OF DEATH Reg. Dist. No. 11604
director, iled with	.	PLACE OF DEATH  o. COUNTY  O. STATE  O. STATE  O. STATE  O. STATE  O. COUNTY  O. COUNTY  O. STATE  O. COUNTY  O. COUNTY
be for	Ì	b. CITY OR TOWN (If outside carporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)
P E	-	tamble Hills 38 MAIXTEMALE HILLS
by the		d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  4560 ST. Barrabas Rd 4560 - SI. BARNADAS RG YES   NO B-
24 ha Illed in		NAME OF DECEASED (Type or print) HOWARD LEE REPLY DEATH OF 1/22 1958
ithin 2 ely fill, Poges		SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B DATE OF BIRTH   9. AGE (In yours light birthdoy)   Months   Days Hours Min.
camplet complete	-	MAILE WHOWED DIVORCED
5 P 5 8		00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stote or foreign country)  AUTOR A COUNTRY  BET I Red D.C. Gal CLINTON, M. 2.5.00.
		JOSHUA BRALL HOTHER'S MAIDEN NAME  JOSHUA BRALL HON PIETTA SMALL
physician move car hours after	) h	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO 17. INFORMANT
5 2 2 2 2 2		MRS Medora F. Beallast # 2
death ttendi pleas within	1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY.  ONSET AND DEATH
the at hen I hen I		IMMEDIATE CAUSE (0) Vancasana Vencasana Mully melastras 9 9 mm.
that by it		Conditions, if any, which )
gned in an		gove rise to immediate couse (a), stoting the under
ion. noil noil and		lying cause last. (c)
he faw physic has bee rial-tra naval,	A .	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO
IAN: 1 ending ficate   the bu		20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH
HYSIC l or att lis certi use as motion		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. st.    Hour o. st.   p. m.   19   of work   of wor
NG P NG P spita rer fir for f		21. I certify that I attended the deceased from 4/14, 1958, to 10/11, 1958, that I last saw the deceased
R. Af		alive on 10/1, 1958, and that death occurred at 3 P. M. from the causes and on the date stated above.
2 2 2		ACTUAL AC
D Log of D L	1	SIGNATURE 18 M.D. 3 L4 L ST. VS amobas Kol II / 1/1/12
SPITAL De retai IERAL 3 shoul gistror	Ĺ	PHYSICIAN'S NAME (Type) JOHN T. IYMN
May be of FUNEI page 3 the regi	1	20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
5 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	-	3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24g. REC'D BY REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/SS		Symmet Byos 1661-on for Relitario CT 1 4 '58 Circhar S. Minus
1		mose antoe



CERTIFICATE OF DEATH

		. 441	1014				•		Reg. Dist	. No.
1. PU	COUNTY PINCE G	eorges		MAR	rEAND	2. USUAL RESIDENCE (WHO o. STATE	here deceased	lived If institut b COUNTY		before admission)
Ну	atts v11	le		c. LENGTH OF STAY	IN 1b	E. CITY OR TOWN (IF a Washingtor		te limits, write l	RURAL and gir	ve nearest town)
m '	OR INSTITUTION	AL (If not in hospital, given and an experience)		address)	re.	d. STREET ADDRESS 7316 Alagh	ka Ave	. NW		e. IS RESIDENCE ON A FARM? YES NO
OE	ME OF WALL DE OF Print)	Y First		GARET Middle		BEITZËLL	4. DATE OF DEATH	Oct.		Day Year
SE)	'emale		7. MARRI	IED NEVER MARRI		Feb.22, 18		AGE (in years lost birthday)	-	YEAR IF UNDER 24 HR
l0a t d	SUAL OCCUPATION WORK HOUS EW	N (Give kind of work doing life, even if retired)	one 10b.		OR INDUS	IRY 11. BIRTHPLACE (Stole Washing		DC		S . A.
3. FA	THER'S NAME					14. MOTHER'S MAIDEN N			·	
Ge	orge Co	mberkkand	CU	MBERLAND		Mary V. No	orris			
15 W.	AS DECEASED EVER	IN U. S. ARMED FORC If yes, give wor or dates of ser	vice]	SOCIAL SECURITY NO NONE	W.	ry Louise Be	itell	7316 Ala	aki aw	M.W. Wash
18		TH [Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per tin	e for (0), (b), and (c)	·1 — c	med				INTERVAL BETWEEN ONSET AND DEATH
	420.0 Conditions, if or gove rise to in	nmediate (	A	lene	a_c	Dorte	Heart	Disec	se.	540
1	otse (o), stoting tying couse lost.		6	enol	ye	S. Arteria	ord	2000	جہ	1000
CERTIFICATION	PART II. OTH	ER SIGNIFICANT COND	itions <u>c</u>	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	Do. ACCIDENT WAR CONTRIBUTING FEITHER, NOTIFY	S UNDERLYING (1) CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY C	CCURRED	. (Enter noture of injury in I	Part I or Part I	l of item 18.)		
MEDICAL	Hour o. m.	f Month, Day, Year	While	Not while of work	20e, PLA fac	CE OF INJURY (Home, form ory, street, office bldg., etc	20f. (City o	r lown)	(Co	unty) (State
2	1. I certify the	at I attended the	decease	ed fram.		, 1955, to Q	-	ك 19 , 12	Sthat I la	ist saw the deceas
٥	live an 😂	N 112	., 12 <u>.</u>	and that	death	accurred at 11151				
A	CTUAL GNATURE	720I	me !	200	^	10 5415	AGORESS (Stre	et, city or town,	stote)	DATE SIGN
N	HYSICIAN'S Ja			Ltzgeral	1, M	.D. War	- 1_	90		
220 B	URIAL, CREMATION EMOVAL (Specify) BUNLAL	Oct.15,1		Mt. Ol:		Cemetery	Wash.	DC (City, town,	or county)	(State)
23 FY	NERAL DIRECTOR	/	L756	ADDRESS Pa.Ave.	NW	DC I	D BY REGISTRA		STRAR'S SIGN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTER: After this certificate has been signed by the attending physician and completely filled in by the filter director, page 3 should be detached for use as the burial-transit permit. Then please remaye cachen papers. For each of 3 should be detached for use as the burial-transit permit. Then please remaye cachen papers. For each of 3 should be detached for use as the burial-transit permit. Then please remayer agiest a point 2 should be detached for use as the burial-transit permit.

VS A1S [4] 15M 9/55



VS A15 (4) 15M 10/57 揭

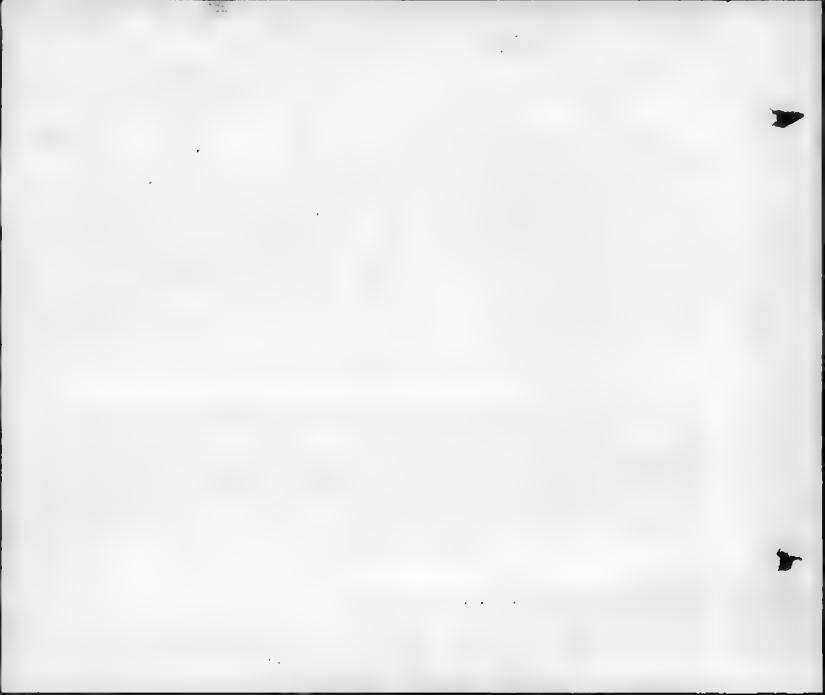
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11628 CERTIFICATE OF DEATH

11606

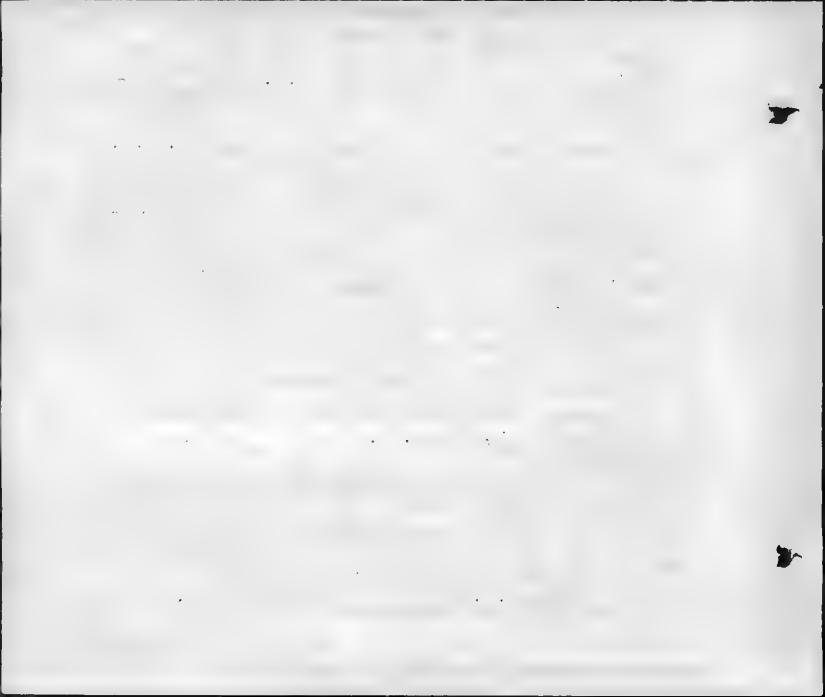
Reg. Dist. No.

١.	1 (	PLACE OF DEATH		2 USUAL RESIDENCE (W)			esidence befo	ore admission)	
7	·	Prince Georges	MARYLAND	Maryla	ma			eorges	
	1	CITY OR TOWN (if outside carporate limits, wi RURAL and give nearest love)  Cheverly	5 hrs	c. CITY OR TOWN (IF a	Arden	nils, write RURAL	ond give ne	arest town)	
1		NAME OF HOSPITAL (If not an hospital, give st OR INSTITUTION  Prince Georges Gene		d STREET ADDRESS	5th St	t.		e IS RESIDENCE ON A FARM? YES NO	
		NAME OF First DECEASED Baby	Gill Middle	Bell	4. DATE OF DEATH	Menth Oct.	De	2 19 58	
	5 5	D	MARRIED NEVER MARRIED A	DATE OF BIRTH	lest		INDER I YEAR	Houn Min.	
	10a	USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (51010  Marylan		1	U S	A A	
	13.	FATHER'S NAME		14 MOTHER'S MAIDEN N	JAME				
		Louis Bell		Helen J	loyce Pa	arker			
	1 S (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address			
		INTERVAL BETWEEN  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RECOVERAL Frequency 15 to 16 to 16  Conditions, if ony, which gove rise to immediate cause (a), stoling the under-  Lying couse [as].							
<i>f</i> 1	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONI	DITION GIVEN I	N PART 1(0) 1	PERFORMED?	
	CERTIFI	200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in I	Part I or Port II of i	lem 18.)			
	MEDICA	Hour o. m.	Od. INJURY OCCURRED 20e. PL thile Not while fo work of wark	ACE OF INJURY (Home form ctory, street, office bldg, etc.	. 20f. (City or tow	vn)	(County)	(State)	
/		ACTUAL SIGNATURE SIGNATURE FILE CO	and that death	occurred at 3,25		causes and	an the da	aw the deceaseste stated above DATE SIGNES	
	20	NAME (Type) Dr. J Perkins.							
	16	BURIAL CREMATION, 226. DATE THEREOF	(LOOdmor	R CREMATORY	LA OCA	ity, town, or cou	MA	(State)	
	23,1	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 467 A	7. CL DATE TO	D BY REGISTRAR	246 REGISTRAI	R'S SIGNATUI		
	2	077152 XV2							



	Item 9. Film G234, 10, 10 for 10 for 10 for 10 for 11 for
· · / ·	Items 11,1 CERTIFICATE OF DEATH 4-58 et Reg. Dist. No.
irrector ( )	1. PLACE OF DEATH  COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)  STATE  COUNTY  MARYLAND
	Prince Georges Marhland Prince Georges
d be	RURAL and give nearest town)
on on one	Cheverly  d NAME OF HOSPITAL (If not in hospital, give street oddress)  d, STREET ADDRESS  e, IS RESIDENCE
¥2.	OR INSTITUTION
- C	Prince Georges General 904 61th Ave.
9-	DECEASED Doy Year
oge #	Joint Bell Colober 1 19 30
P P	ost birthday) Menths Days Hours Min.
comple popers.	Male Negro WIDOWED DIVORCED 12-8-77 9660yrs 10015
death (	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign court)  12 CITIZEN OF WHAT COUNT
Du de	Macon, Georgia U.S.A.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
offe	
ysic ave nurs	John Franklin Bell Lucinda Northen  15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  Address
P F E E	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO [17. INFORMANT]  Address  Address
ding sse in 7	Lie Balle of Paris Fa.
in Please	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  ONSET AND DEATH
hen ent	IMMEDIATE CAUSE (0) 1 Om Chrispmun Ma 3 xxxx
oy H	Conditions, if ony, which) (b) they men tens eve artino & clerotist Door 5.
g in a	gove rise to immediate
e a c	couse (o), sloting the <u>under-</u> Lying couse lost.
on on	(-)
s be	PERFORMED?
e di cric	YES NO CONTRIBUTIONS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
or p	20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
100 to 10	
s ce	Hour o, m.   While Nat while   foctory, street, affice bidg., etc.)
or cer	
ol, iol	21. I certify that I attended the deceased from 8-22-, 19.58, ta 10-1-, 19.58, that I last saw the decea
born born	alive an 10-1- 19 58 , and that death accurred at 6350P M, from the causes and on the date stated about
ညီ ဗို	ADDRESS (Street, city or town, slote)  DATE SIGN
DIRE Id be	SIGNATURE MARINAN NO 3503 PENNY 57 10/2/3
Should stror F	PHYSICIAN'S NORMAN DONAT COMEAU MT RAINIER ML
S S S S S S S S S S S S S S S S S S S	220 NAME OF CEMEJERY OR CREMATORY 226 LOCATION (City Jown, or county) (Stole)
Pag the	EEMOVAL (Specify) 10-6-58 Woodlaw Wu Cemeter 46-11-Berning 716 778
E	23. FUNERAC DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 246. REGISTRAR'S SIGNATURE
A15 (4) A 10/57	2. 1.71 ashen glor 4 Son 467-71 St 770 DATE OCT 7 58





DATE

VS A15 (4) 15M 9/55

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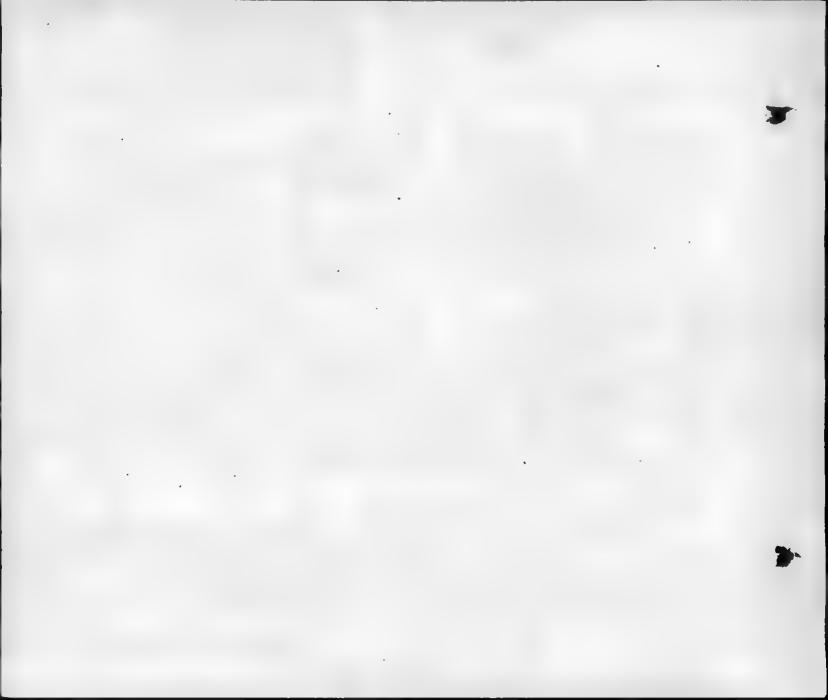
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11610MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) b. COUNTY MARYLAND LENGTH OF STAY IN 16 CITY OR TOWN ( f outside corporate limits, write RURAL and give nearest town) . d STREET ADDRESS RAME OF HOSPITAL OR INSTITUTION, (Enotein hospital, give street address) IS RESIDENCE 투호 ON A FARM? YES NO W NAME OF Middle DATE Month DECEASED OF DEATH (Type or print) 1952 9 AGE Iln years IF UNDER TYEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE NEVER MARRIED | B DATE OF BIRTH MARRIED N tost b rthday) Months Days Hours WIDOWED [ DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page during most of warking life, even if retired) 1 Garage OSM 18. Give Poges 1 with form PM3. mit. File pages TATHER'S NAME 14 MOTHER'S M Give WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT any no ar unknowal (If yes give wor or dates of service) 18 CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c) INTERVAL BETWIEN ONSET AND DEAT I PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Office 10 X DUE TO **busial-tra** Conditions, if ony, which gove tite to immediate cause **DUE TO** (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY PERFORMED? 200, EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in fort I or Part II of Item 18) Shootd shootd 20c TIME OF INJURY Month, Day, Year 20d MIJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f, (City or own) factory, street, office bidg , etc.) While of work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Di Inquiry X and in my RECTOR: Accident N Suicide [ ], Homicide , Undetermined monner opinion death resulted from: Notural couses []. ACTUAL DATE SIGNED for CHIEF MEDICAL EXAMINER SIGNATURE AL ASSISTANT MEDICAL EXAMINER EXAMINER shauld FUNERA NAME (Type) DEPUTY MEDICAL EXAMINER TO 220, BURIAL, CREMATION, (Slale) CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) emelou 40 FUNBRAL DIRECTOR'S SIGNATURE 240 RECD BY REGISTRAR 24b. #EGISTRAR S SIGNATURE VS A15ME





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institut an Residence before admission a. COUNTY **b.** COUNTY Prince George's MARYLAND Prince George b. CITY OR TOWN (I outside corporate him to, write RUFAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If auts de corporate limits, write RURAL and give nearest lawn) Temple Transient Oxon Hill d NAME OF HOSPITAL OR INSTITUTION [ I not in hospital, give street address) d STREET ADDRESS ON A FARM? Temple Hills Road S.E. 5260 St. Barnabas Road S. M:□ NO□x 3. NAME OF 4. DATE DECEASED OF DEATH John Owen Brady Jr. (Type or print) Ocother 5. SEX 6. COLOR OR RACE 7 MARRIED IX NEVER MARRIED I 8 DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months Male White WIDOWED [7] September DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OF INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during rapst of working life, even if retired) 5 Salesman Grocery Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Owen Brady Sr. Margaret Leone Jackson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) John Owen Brady Sr., same as 18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) 116X DUE TO Gun shot wound of the head Canditians, if any, which, gave rise la immediale cause DUE TO (a), stating the underlying couse fost, PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X Shot self in the right temple with a revolver 200. EXTERNAL CAUSE WAS PRIMARY To CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or fown) (County) (Slote) Place of death Temple Hills P.G., Md. 10/17, 58 of work of work 21. I certify that I tack charge of the remains described above, held an Autopsy , Inspection & Inquiry K., and in my opinion death resulted from: Notural causes ... Accident ... Suicide ... Hamicide ... Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE, ASSISTANT MEDICAL EXAMINER James I. Boyd DEPUTY MEDICAL EXAMINER TY Ocotber 17 NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d LOCATION (City, town, or county) 22c. WAME OF CEMETERY OR CREMATORY 23 FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR S SIGNATURE 240 REC'D BY REGISTRAN A15ME



NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county)

24b REGISTRAR'S SIGNATURE

24g REC'D BY REGISTRAR

Poge

220. BURIAL CREMATION.

2

VS A15 (4) 15M 10/57



O 23 FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR .W. Chambers Company, Riverdale, VS A15 (4) DATE 15M 10/57

11614

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES NO

(Stole)

YES NO TO

Year

19 58

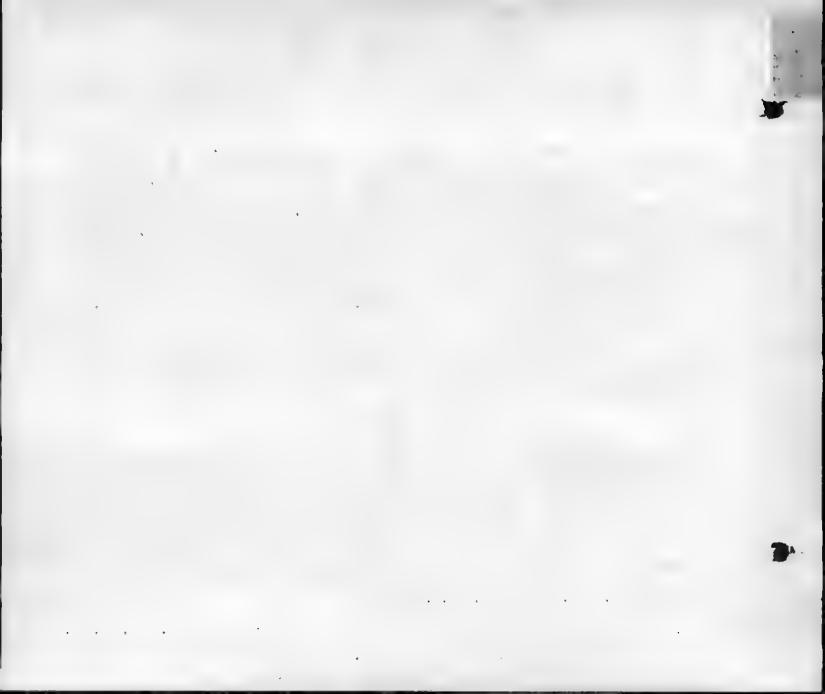
Rea. Dist. No.

Days

USA

(County)

24b. REGISTRAR'S SIGNATURE



- 1				MARYLAN	ND STATE DEPAI	RTMENT OF	HEALTH-B	ALTIMORE, 1	8 44045	
COD CTATE				MEDI	CAL EXAMIN	IER'S CERT	IFICATE C	F DEATH	11019	)
FOR ST		-		1163	2				Reg. Dist. No.	
00 _ /			LACE OF DEATH			D STATE			on- Residence before admission)	
Page Selith	M)			Prince Geor		YLAND	marylan	Q	Prince Geor	ge
2 2 3	INT.	l b	and give recrest fown	flowfside corporate limits, while $R_k R_l$ in)					URAL and give nearest town)	
F CO	0	-	Cheverly	A STATE OF THE PARTY OF THE PAR	_ Dead on a			arlboro	T	
is necessary directions of former of the for			Prince	George's G	eneral Hosp	ital B	ox 193	Route #	2   S RESILEN	11/1
he funce retain he Stat er deat		"	NAME OF DECEASED Type or print)	Mark	Dexter	Chapma	OF DEA		er 7 19 5	8
P S H		5, 5	EX	6. COLOR OR RACE 7	MARRIED   NEVER MARRIE	ED S DATE OF BI	RTH	A set of the letter of the let	FUNDER TYEAR IF UNDER 24	H₹5
d d d			Male	Coloredwa	DOWED DIVORCED	□   Apri	1 18, 19		Months Days Hours Min	
Se S		100	USUAL OCCUPAT (	ON (Give kind of work done- ng life, even if retired)	106 KIND OF BUSINESS OF	INDUSTRY 11 BIRTH	IPLACE (Stole or forei	ign country)	12 CITIZEN OF WHAT COUN	4TRY?
P. 22.4			None		Infant	M	aryland		U. S. A	le
Pages PMG. PMG.		13,	FATHER'S NAME			14. MOTHE	R'S MAIDEN NAME			
Page Poor	(	1		ton S. Chapi		_	enėva W	right		
Give Sive ih foru t. File		15, (Yes	NAS DECEASED EV	/ER IN U. S. ARMED FORCES' (1 yes, give war or dates of service	" None	Mrs Mrs	Geneva C	hapman, s	ame as # 2	
S S S S S S S S S S S S S S S S S S S			18 CAUSE OF DEA	TH Enter only one couse pe	er tine for (o), (b), and (c).]	WATER AT			NIETVAL BETWEEN	
S P P P P P P P P P P P P P P P P P P P			PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Toxemia					
in in constant	V		44/X	DUETO				7		
Office of the control			Conditions, if a		Bronchopne	umonia				
d b			gove rise to imme (a), sloting the							
hour in the second			couse lost.	(c)	And And Andrews					
ficate si bending tol Exor used as	0	CERTIFICATION	PART II. OTI	HER SIGN FICANT CONDITIC	ONS CONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMINAL DIS	SEASE CONDITION GIVE	N IN PART I(0) 19, WAS AUTOF PERFORMED: YES NO	7
is certificated of Medical of the Urial, a			200. EXTERNAL CAI PRIMARY OF CO CAUSE OF DEATH.	USE WAS NTRIBUTING []	ESCRIBE HOW INJURY OCCU	IRRED (Enter nature of	f injury in Part I or Po	rt II of item 18.)		
18 the up the Chiel		MEDICAL	20c. TIME OF INJU Hour p. m. p. m.		20d. INJURY OCCURRED While Not white of work of work	20e. PLACE OF INJUR foctory, street, off	Y (Home, form, 20f, ice bidg., etc.)	(City or town)	(County) (Sta	fo)
Page 19			21. I certify II	hat I taak charge of	the remains describe	ed obove, held o	on Autopsy [],	Inspection X,	Inquiry X, ond in	my
TOR:			opinion deall	resulted from: Nats	urol couses K. Acc	ident []. Suic	ide 🔲, Homic	ide []. Undeter	mined manner	
Cert for DIREC			ACTUAL SIGNATURE	arred	Il down	M.U.	F MEDICAL EXAMINER	_	BATE SIGNED	)
A Pe	4		EXAMINER'S	T T 1	7		STANT MEDICAL EXAM			-
NER Seld	i francis	22-	NAME (Type)	James I. ]	Boyd /	DEPU TERY OR CREMATORY	TY MEDICAL EXAMIN	OCATION (City, town, or	other 7, 195	8
S S S S S S S S S S S S S S S S S S S		240	REMOVAL (Specify)							
5 , 5		23	Burial FUNERAL DIRECTOR		Arlington	Nat'l. Ce	240 DEC'D BY BE	rlington. Ve GISTRAR 246. REGIST		
₽S A15回E 5M 2/57					820 9th St., 1	V.W.	DATE OCT 1 0	158 and	Lun S. Kraue	
5M 2/3/			Voneir a	McGuire_ 18	OFO SOUT DOS' I	., ., ., ., ., ., ., ., ., ., ., ., ., .	DATE	- i I	da man Substitution	
		and.	6 " 3 2	6 V V O						



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_ < TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death cert ficate be executed within 24 hours ofter death. Page 4	16	TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and completely filled in by the first director,	14	
1	5 M	110	)/5	7

	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
	44.000	ATE OF DEATH Reg. Dist. No. 11616
	1. PLACE OF DEATH 0. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b COUNTY
	b. CITY OR TOWN   If outside corporate limits, write   c. LENGTH OF STAY IN 1b	Ma ryland Prince Georges
	RURAL and give neorest lown west hya traville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) fown)
	d. NAME OF HOSPITAL (If not in hospital, give street address)	. West. Hyattsville  , d STREET ADDRESS  4. IS RESIDENCE
	or wallton Court	6603.Karlson.Court
	3 NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
	(Type or print) Elmer. M. (	cole DEATH October. 26 19 58
	5. SEX Male  6. COLOR OR RACE White Widowed Divorced	8. DATE OF BIRTH  Aug. 16.1870  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bighdoy)  Months Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRIES THE COLOR OF BUSINESS OR INDUSTRIES THE COLOR OF BUSINESS OR INDUSTRIES OR INDUSTRIES OF BUSINESS OF BUSINESS OR INDUSTRIES OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OR INDUSTRIES OF BUSINESS	Washington.D.C.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Francis. Cole	Frances. Middleton
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO (17 year, give wor or doten of service)	NFORMANT Address
		Frances.E. Cole. Son
	18. CAUSE OF DEATH [Enter only one couse peculine for (o), (b) and (c)]  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)	Cuerhage Interval Between ONSET AND OBET AND OBETH
	Conditions, if ony, which) (b) (b)	the second
	gove rise to immediate couse (a), stating the under-	acon coccase 1 1 ggs
	lying couse lost. (c) (R) 271056	Vereses Eugralized 18 Hr
Ì	PART MOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ATOPSY PERFORMED?
	200 ACCIDENT WAS UNDERLYING   200 DESCRIBE HOW INJURY OCCURRED	YES NO TO NO TO NOTE OF PORT 11 of stem 18 )
	206 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	s family moved to the new men surf
		ACE OF INJURY (Home, form. 20f. (City or town) (County) (State)
	Hour o m 19 While 1951 white of work of work	ony, siece, otine biog., etc.)
	21. I certify that I attended the deceased fram. 7. Max	1951, 10260e4 1958, that I last saw the decease
	alive on a contract to the death	
	ACTUAL ) TOURS ( St 9	PADDRESS (Street, city or town, state)  DATE SIGNI
7	SIGNATURE / COMPANY COMPANY	N.O. ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
	PHYSICIAN'S NAME (Type)	260et
	220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OF DUT 131 10.29.58 Codar H17	
	Burial 10.29.58 Cedar H17 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1. Cometery Suitland. Maryland
	Lee. Funeral. Home 300. 4th.st.	N E 246 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
ı		DATE OF 2 8 '58



11617

15 RESIDENCE

ON A FARM? YES 🔲 NO 🗀

Hours

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

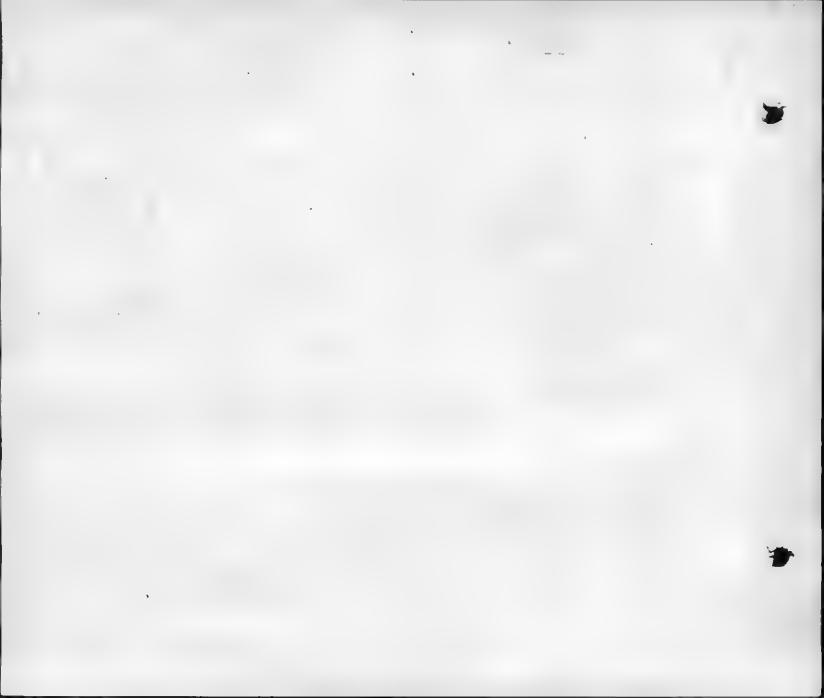
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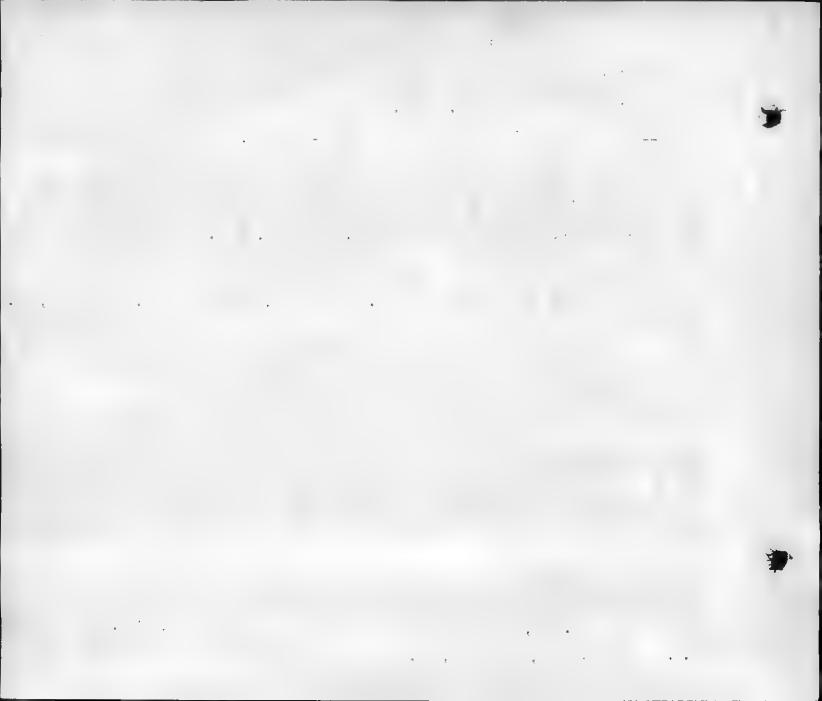
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hours ofter death. Page	1	in by thy prerol director	and 2 should be filed with	
onth certificate be executed within 24		nding physician and campletely filled	ease remove carbon papers. Pages 1	In 72 hours after death.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page	may be retained to the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the presal director	page 3 💷 auld be "detached far use 🚐 the Eurial transt mermit. Then please remove carbon papers. Pages 1 and 2 shand be filed-mit	the registrar prior to burial, cremotion, ar remaval, and in any event willin 72 hours after death.
TO HOSPITAL OR ATTER	moy be retained in the	TO FUNERAL DIRITIONS	page 3 slauld be detac	the registrar prior to be

				TMI	ENT OF HEALTH	I—BAL	TIMORE, 1	8	11	619
	11	604	CERTIF	ICA	TE OF DEATH	ı		Reg. Dist	. No.	
	oe Georges		MARYLA	ND	2. USUAL RESIDENCE (Who o. STATE Marylan	ere deceose	od lived. If institution b COUNTY	oni Residence	e before odn	r'ssion)
b. CITY OR TOWN (IF RURAL and give new Hvattsvil	outside corporate limi grest town)	ls, write		.	c CITY OR TOWN (If to	ulside corp	orate limits, write R	URAL ond gi	ve nearest to	own)
d NAME OF HOSPITA	AL (If not in hospital, a	ive street			d STREET ADDRESS				10	RESIDENCE A FARM?
NAME OF DECEASED (Type or print)	HENRY	st	EDWARD		DOEBLER .	4. DATE OF DEATH	October		Day h	Yeor 19 <b>58</b>
Male	6. COLOR OR RACE White			_ :		6	9. AGE (In years lost birthday) 82 yrs.			
duttna most at work	no life, even if retred	Jone 10b US	KIND OF BUSINESS OR I	D D	TRY 11. BIRTHPLACE (51010 C		country)			AT COUNTRY?
. FATHER'S NAME						_	8	***************************************		····
No DECEASED EVER						, 570			attsvi	11e, M
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) }  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate couse (a), stating the under:  DUE TO  DUE TO  DUE TO  DUE TO										
	ER SIGNIFICANT CON	DITIONS						EN IN PART	PER	S AUTOPSY FORMED?
		While	Not while	e. PLA foci	CE OF INJURY (Home, form, form, street, office bldg., etc.)	20f (Cit	y of town)	(Co	ounty)	(Stole)
21. I certify that I attended the deceased from June 1944, to De Thom. 1944, that I last saw the deceased alive on October 14, 1944, and that death occurred at 11:324M, from the causes and on the date stated above.  ADDRESS (Street, city or town, stote)  DATE SIGNED										
PHYSICIAN'S /C.		501		1_	1/4	9/10	or, the h	uol		/ / ,
Po. BUR AL CREMAT OF REMOVAL (Specify) Burial										fote)
		Rive	rdale, Md.		24a. RECIC DATE	CT T	TRAP 246 REGIS	STRAR'S SIGN	MATURE	
	b. CITY OR FOWN (IF RURAL opd give on Hya tray)  d NAME OF HOSPITI  d NAME OF HOSPITI  5706—40th  NAME OF DECEASED (Type or print)  . SEX  He. 1e  Do USUAL OCCUPATION during most of work all Carrier  D. FATHER'S NAME  The Doeb 1.  S. WAS DECEASED EVER PART I. DEAT  ACTUAL SIGNATURE PHYSICIAN'S  FUNERAL DIRECTOR'S  FUNERAL DIRECTOR'S  FUNERAL DIRECTOR'S  FUNERAL DIRECTOR'S  FUNERAL DIRECTOR'S  FUNERAL DIRECTOR'S  FUNERAL DIRECTOR'S	PLACE OF DEATH  o COUNTY Prince Georges  b. CITY OR TOWN (If outside corporate limit RURAL and give gegrest lown)  Hyattsville  d NAME OF HOSPITAL (If not in hospital, g 5700-40th Avenue)  NAME OF HOSPITAL (If not in hospital, g 5700-40th Avenue)  NAME OF DECEASED (Type or print)  SEX   6. COLOR OR RACE White  HENRY  SEX   6. COLOR OR RACE White  All Carrier (Retired)  11. Carrier (Retired)  12. FATHER'S NAME  Otto Doobler  13. WAS DECEASED EVER IN U. S. ARMED FOR IMMEDIATE CAUSE (or NAME OF IMMEDIATE CAUSE (or OR CONTRIBUTING IT CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)  1200. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)  1201. I Certify that I attended the alive on Cathory Medical Examiner (Immediate Cause of DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Menth, Doy, Year Hour or m.  21. I Certify that I attended the alive on Cathory Menth, Day Or Contributing It of Cause Of DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)  21. I Certify that I attended the alive on Cathory Menth, Day Or Cause (or Death of Cause Of Death of Cause	PLACE OF DEATH  O COUNTY Prince Georges  b. 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CAUSE OF DEATH [Enter only one cause per line for [o], [b], and [c]]  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate Course [o], stoling the under: lying course lost.  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)  20c. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)  21. I certify that I attended the deceased from.  19. m.  19. m.  19. OCC. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED While Not while of work  of work  of work  19. ACCURATION  21. I certify that I attended the deceased from.  ACTUAL  SIGNATURE  PHYSICIAN'S / S. FLE   S. CHIRE  PHYSICIAN'S / S. FLE   S. CHIRE  Cannon Fall  22c. NAME OF CEMETE  Cannon Fall  22c. NAME OF CEMETE  Cannon Fall	PLACE OF DEATH O COUNTY Prince Georges  MARYLAND  D. 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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING  While OF WAS DECEASED EVER OF CEATH HOU O. m. p. m.  213. I certify that I attended the deceased from  PART II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CAUSE OF DEATH HOU O. m. p. m.  214. I certify that I attended the deceased from PART II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CAUSE OF DEATH HOW OR M.  C. ELECTOR  C. MARC OF	PLACE OF DEATH  O COUNTY Prince Georges  MARYLAND  D. 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HENRY  GEORGE AND COUNTY Prince George In the county of the street eddiest)  JETH STATES AND COUNTY [II] quintide corporate limits, write BURAL and give necessit in the street eddiest)  JETH STATES AND COUNTY [II] quintide corporate limits, write BURAL and give necessit in the street eddiest)  JETH STATES AND COUNTY [II] quintide corporate limits, write BURAL and give necessit in the street eddiest)  JETH STATES AND COUNTY [II] quintide corporate limits, write BURAL and give necessit in the street eddiest)  JETH STATES AND COUNTY [II] quintide corporate limits, write BURAL and give necessit in the street eddiest)  JETH STATES AND COUNTY [II] quintide corporate limits, write BURAL and give necessit in the street eddiest)  JETH STATES AND COUNTY [II] quintide corporate limits, write BURAL and give necessit in the street eddiest)  JETH STATES AND COUNTY [II] quintide corporate limits, write BURAL and give necessit in the street eddiest)  JETH STATES AND COUNTY [II] quintide corporate limits, write BURAL and give necessit in the street eddiest)  JETH STATES AND COUNTY [II] quintide corporate limits, write BURAL and give necessit in the street eddiest)  JETH STATES AND COUNTY [II] quintide corporate limits, write BURAL and give necessit in the street eddiest [II] and county [II] and



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## 11605

**CERTIFICATE OF DEATH** 

Pag Dire No

							448. 1	P131. 110.	
1. PLACE OF DEATH a COUNTY	rince Geor	ges	MARYLA	- 1)	USUAL RESIDENCE o. STATE Mary	(Where deceased lived	d. If institution Resid b. COUNTY Pri	ence before odmiss nce Geo:	rges
b. CITY OR TOWN RURAL and give	(If outside carporate limiteares) tawn)	ts, write	LENGTH OF STAY IN	15	c CITY OR TOWN	(If outside corporate i	imits, write RURAL and	d give nearest town	n)
Hyattsv					// Mt	Rainier,	Md.		
d NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, g	uve street ad	(dress)		d. STREET ADDRESS	5		e. IS RES	SIDENCE A FAPM?
	ille Nursir	ng Hon	ne		3808	32th st	reet,.		NO [2]
3 NAME OF DECEASED (Type or print)	Mary	st	Middle Love	D	Lost O <b>I' I'</b>	4. DATE OF DEATH	Oct 2,	1059	Year 19
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B D	ATE OF BIRTH	9. AC	GE (In years   IF UNDI	ER I YEAR IF UND	ER 24 HRS
female	white	WIDOWED	DIVORCED [	3 O	ct 27, 18	169	st birthday) Manths	Days Hours	Min
On. USUAL OCCUPAT	ON (Give kind of work or king life, even if retired)	dane 10b. KI	IND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (SI			ITIZEN OF WHAT	COUNTRY
House		sel	l f		Forresty	rille New	York   L	J S A	
3 FATHER'S NAME				1.	A. MOTHER'S MAIDE				
homas	Shattuck	5			Dora	a Bennett			
S. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES7 16 SC	OCIAL SECURITY NO	17, INFO	RMANT		Address		
(Yes, no. or unknown)	(If yes, give wor or dates at so		none	Phi	lip C Do	rr Mt F	Rainier, l	id.	
	ATH [Enter anly one ca	use per line	for (a), (b), and (c).]					INTERVAL BE	TWEEN
PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	13	rouding	8 1	en sala	· Jan a		3 de	DEATH
1.5 1/X	DUE TO								1
Canditions, if	any, which ) no	. (1	and the co	Pos	1:1-	y Co.	1 '2	5440	
gave rise to		1					7	7772	
lying cause last	The under-								
PART II. O	HER SIGNIFICANT CON		INTRIBUTING TO DEATH	BUTNO	RELATED TO THE TE	RMINAL DISEASE CON	ADITION GIVEN IN PA	8T 1(a) 19 WAS	AUTOPSY
57		1	-0 (			1,	1	PERFO	PRMED?_
20g ACCIDENT W	AS UNDERLYING EN	20b. DESCR	IBE HOW INJURY OCC	IDDED /F	ster online of tojury	In Part I or Part II of	item IE I	162	но 🔀
OR CONTRIBUTION	CAUSE OF DEATH			SUMED. IE	mer nature at injury		tient 10.j		
20c TIME OF INJU	RY Manth, Day, Yea	r 20d. INJ	URY OCCURRED 200	. PLACE	OF INJURY (Home, I	form, 20f. (City or to	wn)	(County)	(State)
Haur a.m. p.m	19	While	Not while at work	tactory.	, street, office bldg.,	etc.}			
	nat I attended the			9	10 37 1-	10-2	70 CO 41 . A 1		4
alive an	9 - 2.9								
Onve dil			E, and that de	earn ac	curred at Series		city or town, state)		
ACTUAL /	1100-1-	10 1			7			11	ATE SIGNE
SIGNATURE	o acces	12 0	lingus	M.D	2503	Per-1-4 S		10-	3.18
PHYSICIAN'S NAME (Type)	Nalda	13. 1	Moyers		Mt.	Rainie	- Md	÷	
BURIAL CREMATA	ON, 226. DATE THEREO	F	22c NAME OF CEMETER	RY OR CR	EMATORY	22d. LOCATION	(City, town, or county)	(State	e)
REMOVAL (Specify Burial	Oct 4,	1958	Evergreen	Cem	etery	Bladens	sburg, Md.		
. FUNERAL DIRECTO	'S SIGNATURE		ADDRESS			EC'D BY REGISTRAR			
P Gas	chie Sone	Haze	ottowillo	Massa		oct 6 '58			

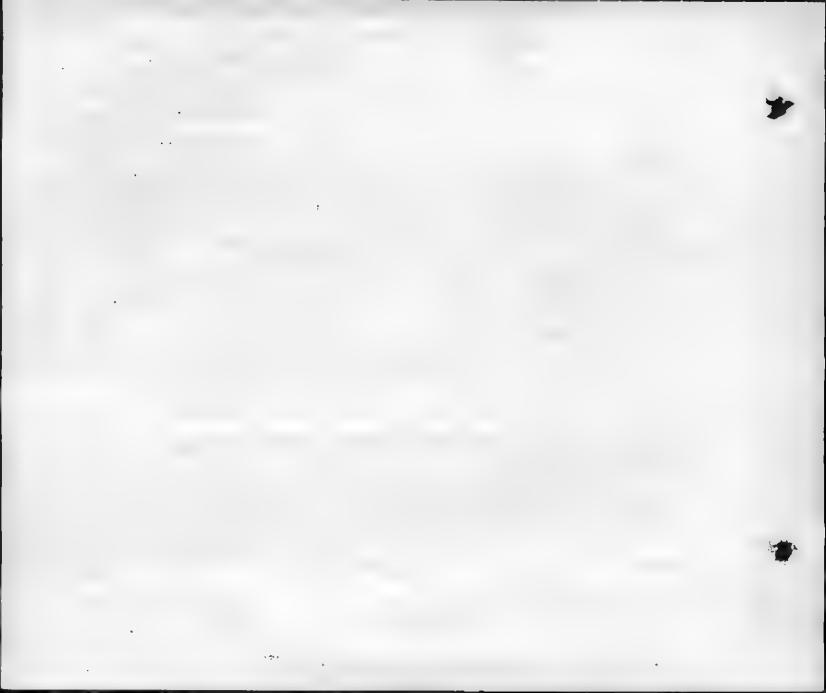
hal director, be filed with

death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shouther registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs affer death.

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11621 CERTIFICATE OF DEATH 11680 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, 15 Institution: Residence before admission) COUNTY MARYLAND GEORGES b CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown) RURAL and give negrest fown) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION . IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Middle Manth Day Yeor DECEASED (Type or print) DEATH 19 4 S SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) IF UNDER I YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HR Months Doys DIVORCED [ popers. WIDOWED . O yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of worlying life, even if retired) corbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 41 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address 18 CAUSE OF DEATH | Enter only one couse per tine-for to INTERVAL BETWEEN QNSET, AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 62.0 DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 🗍 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18) WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d, INJURY OCCURRED (Slole) (County) factory, street, office bldg , etc.) Hour a. m. While Not while of work at wark 21. I certify that I attended the deceased fram 1645 \_\_\_ 19-2. Athat I last saw the deceased and that death accurred at 1915 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 270073 TDATE SIGNED ACTUAL SIGNATURE 200 T Merce CAPT. USAF (Me) ANDREWS 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or couply) ADDRESS 240. REC'D BY AEGISTRAR 24b REGISTRAR'S SIGNATURE Cirthur S. Hrand VS A15 (4)

Page



TO HOSPITAL OR A

YS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11635 CERTIFICATE OF DEATH

11622

11635

Reg. Dist. No.

1	PLACE OF DEATH o. COUNTY				2	USUAL RESIDENCE (WH	ere deceose		on Residen	ce before	odmissi	pr]
		e Georges		MARYLAND		Marvla	and	b. COUNTY	Princ	ce G	eorg	es
	b CITY OR TOWN (III RURAL and give no	outside corporate limi arest lown)	ls, write	c LENGTH OF STAY IN 16		c. CITY OR TOWN (If o	utside corpo	prote limits, write R	URAL ond g	give near	est town	
	Cheverly		11 days		Fairne	ont He	ights					
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	1	d. STREET ADDRESS				e	ON A	FARM?
-		rges_Gener	al H	ospital	11	5918 Jay S	treet				YES 🗌	NO DE
	NAME OF DECEASED (Type or print)	Fir		Middle		Lost	4. DATE OF	Mon		Day		109
-		I			_	<u>rards</u>	DEATH		tobar	28		958
3.	SEX	6 COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost b rthday)	Months			
L	Male	Negro	WIDOW			0/21/06		5/152 ms	Months	Doys	Hours	Min
100	during most of work	IN (Give kind of work a ing life, even if retired	tone 10b	KIND OF BUSINESS OR INDI	JSTRY	11. BIRTHPLACE (Stole	or foreign c	ountry)	12 CIT	IZEN OF	WHAT	COUNTRY
L	Labore	ייך				Vingir	ria		Un:	ited	Sta	tes
13.	FATHER'S NAME	T	_		3.	4. MOTHER'S MAIDEN N						
		Isaac Edu	ardi	3 -		Unkno	own					
15, (Ye	WAS DECEASED EVE	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO 17.	INFO	RMANT		Addi	ress			· · · · · · ·
L	No											
	18 CAUSE OF DEA	TH [Enter only one co	use per l	ine for (o), (b) and (c).)	/						VAL BET	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE TO	,	Brand	1	Oneun	1 ind	à.		ONSE	TAND	DEATH
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	Conditions, if or	v. which )		bligheten	-1	Melle	lei-					
	gove rise to in	nmediote (		The control cos		7700300				+		
	couse (o), stoting the under   OUE (O											
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19 WAS AUTOPSY											
CATIC	491 X  PERIODMED?  YES A NO											
CERTIFICATION	200 ACC DENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18 ) OR CONTRIBUTING CAUSE OF DEATH IIF ETHER, NOTIFY MEDICAL EXAMINER											
N S	20c. TIME OF INJURY	Month, Day, Yes	r 20d. 1	INJURY OCCURRED   20e P	LAÇE	OF INJURY (Home, form,	20f. (City	or town)	ıc	ounty)		(State)
MEDICAL	Hour o.m. p. m.	19	While of we	Not while N	sclory	street, office bldg., etc.	)	,	,-			lancel
	21. I certify that I attended the deceased from											
	alive onOct			58, and that deat								
		- 0-						freet, city or lown.				TE SIGNED
	ACTUAL SIGNATURE	Man	0	home	, M.D.	lo-fle-t	Gs	street	An	ب	-7	29/5
	PHYSICIAN'S NAME (Type)	VM BR	19-1	WIN	•	Capita	PH	左加	7			
220	REMOVAL (Specify)	1/-/-/9.	58	CARVER	OR CR	EMATORY CM-	22d LOCK	THON, ICHY town, o	or county) .	204	(Stole)	21/
23.	FUNERAL DIRECTOR'S	SIGNATURE LAST	Tin	ADDRESS N/S	t.	/:///	BY REGIST		TRAR'S SIG	4 .		19
	7//			10/		DATE NO	M 9		www. T	/ CLAUN		



11623

AAOOO CERTIST	Reg. Dist. No.
PLACE OF DEATH o. COUNTY PrinceGeorge MARYLAN	2. USUAL RESIDENCE (Where deceated lived. If institution: Residence before admission) o. STATE land b. COUNTY
b. CITY OR TOWN (If autide carpopate limits, write RURAL and give negres) town of Park	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	/d. STREET ADDRESS 4: 05 Fox vt,  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
NAME OF DECEASED (Type or print) First Jack VIII 1	The LIGHTST 4. DATE OF 18 Day Year 58
Foralo White Widowed A DIVORCED	The c 0% - 1 070   lest bighday) Months Dage Hours Min.
Ou. USUAL OCCUPATION (Give kind of work done during most of gorking life, even if retired)	NOUSTRY 13 BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. CITIZEN OF WHAT COUNTRY  14. CITIZEN OF WHAT COUNTRY
Tilliam G. Collins	14. MOTHER'S MAIDEN NAME Frances Olivia Stone
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or date of service)	17. INFORMANT INTER AVIS B. Rowland. Colledge Park.M
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stoting the underlying couse lost.  Candidate Cause (b), stoting the underlying couse lost.	I BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
	PERFORMED?  YES NO   URRED. (Enter nature of injury in Part I or Part II of item 18.)
	e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)  (County) (State)
PHYSICIAN'S WILL AM C. MILLE PAYSICIAN'S WILL AM C. MILLE PAYSICIAN'S WILL AND C. MILLE PAYSICIAN'S WILL AND C. NAME OF CEMETER 122C.	eath accurred at 2 DM, from the causes and an the date stated above ADDRESS (Street, city or town, state)  M.D. 7 - BMT For QUELLEY  RY OR CREMATORY   22d. LOCATION (City, town, or county) (State)
REMOVAL (Specify) 10-4-58 Forest  3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Oak Gaithersburg. M
Ernest C. Gartner. Gaithersbur	CB. d. DATE OCT 6'58 Cultury & Knows

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

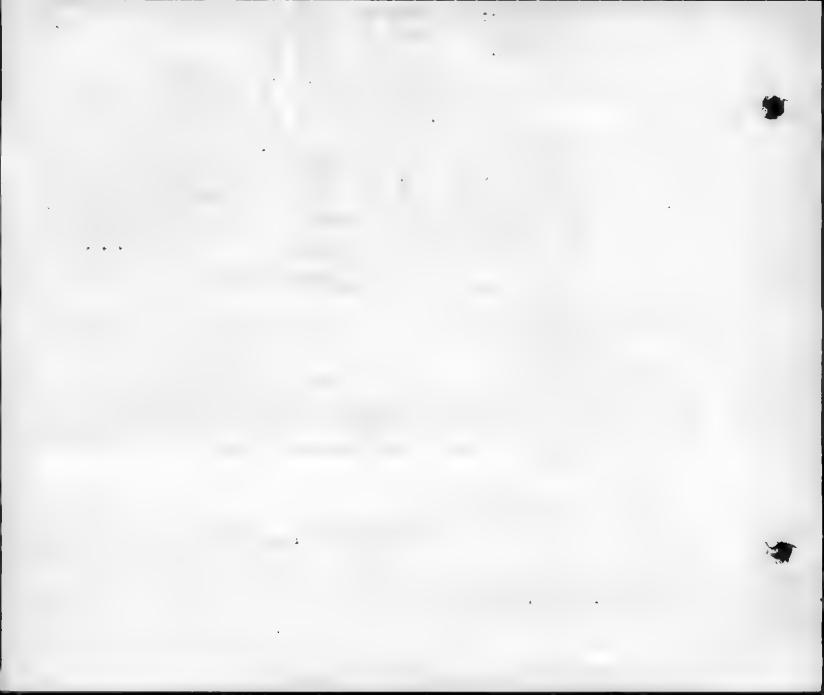
11636 **CERTIFICATE OF DEATH** 

11624

				(eg. Dist, No.					
1. PLACE OF DEATH g COUNTY		2. USUAL RESIDENCE (Whe	re deceased lived. It institution	Residence before admission)					
Prince Georges	MARYLAND	Marvland	b. COUNTY	rince Georges					
	TH OF STAY IN 16		Iside corporate limits, write RUR	AL and give nearest town)					
Cheverly	Hours	Hvattsvil	Le. Md.						
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
Prince Georges General	<u> </u>	1308 Hami	Lton St.	YES NO 2					
NAME OF First	Middle	Lost	4. DATE Month	Day Year					
	L.	Espey	DEATH	ber 3 19 58					
5 SEX 6 COLOR OR RACE 7 MARRIED NE	EVER MARRIED 12 8.	DATE OF BIRTH	9 AGE IIn years IF	UNDER I YEAR IF UNDER 24 HRS					
Female White WIDOWED	DIVORCED	10-13-85	lost birthday) N	Months Days Hours Min					
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State o	r foreign country)	12 CITIZEN OF WHAT COUNTRY					
Justice of the Peace		Washingt	on D. C.	USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME						
Francis H Espey		Mina G. Mi	tchell						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE [Yes, no. or unknown] (If yes, give wor or dates of service)		FORMANT	Address						
no_	Min	aEspey Carr	oll Hyattsv	ille, Md.					
18. CAUSE OF DEATH [Enter only one couse per tine for (a),	(b), and (c) ]		1	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY.	6 CM	LENICOTE 11	sinu (crsi	ONSET AND DEATH					
4420.0 DUE TO			COPPE CONTRACT						
		. 8							
Conditions, if any, which (b)	gave rise to immediate								
couse (a), stating the <u>under-</u>									
lying couse last (c) Little occurrence of the land of the land occurrence occ									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO ME								
	Y INJURY OCCURRED.	(Enter nature of injury in Po	rt 1 or Part II of item 18.)	1 44 (1) 40 (2)					
OR CONTRIBUTING (I) CAUSE OF DEATH	206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)								
3 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCC	CURRED 20e. PLAC	E OF INJURY (Home, form,	20f (City or town)	(County) (State)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not were of work of work of work of work.	while facto	ary, street, office bldg., etc.)		(2001)					
	The state of the s								
21. I certify that I attended the deceased from	-57 - 7	, 19 <u>90</u> , ta <u>/C</u>	1928,1	hat I last saw the decease					
alive an	and that death a	accurred at 10:251	M, fram the causes and	on the date stated above					
		, , , , Al	ODRESS (Street, city or town, stat	DATE SIGNE					
SIGNATURE U LOCK	M.	o that	illo le	el 10-3.4.					
PHYSICIAN'S NAME (Type) Dr. Aaron Deits		Hyatt	sville Md.						
	ME OF CEMETERY OR	CREMATORY	2d. LOCATION (City, fown, or c						
REMOVAL (Specify)									
23. FUNERAL DIRECTOR'S SIGNATURE ADDI	Olivet Ce		Washington D.						
	ille. Md.			AR'S SIGNATURE					
- · yastu s -ous myattsv.	LLAC, PAGE	DATE OF	T R '58	ur & Henri					

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11637 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission COUNTY o STATE **b** COUNTY MARYLAND Prince George Maryland Prince George b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 7 hrs.36 min Cedar Heights Cheverly d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 915 65th Ave. Prince George General YES NO TO 3. NAME OF First Middle 4. DATE Lost Month DECEASED DEATH (Type or print) Ford 19 58 Rahv Boy I۸ 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Doys Mala Black WIDOWED [ DIVORCED | papers. YES ā 10a. USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign cavalry) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U.S.A. and Newborn 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME Charles Palestine Nichols 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL RETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUF TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Part II of item 18.) 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) foctory, street, affice bldg , etc.) Hour o. m Not while of work of work -13 19 Othat I lost saw the deceased 21. I certify that I attended the deceased from , and that death occurred at 11.800AM, from the couses and on the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S John W. Perkins NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF VZZC NAME OF CEMETERY OR CREMATORY 22d LOCATION (C ty, town, or county) abod REMOVAL (Specify) Prince George's General Hospital, Cheverly, Md. 23 FUNERAL DIRECTOR'S SIGNATURE Jm 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS ATS (4) arthur S. Thank DATE CT 2 2 '58 Administrator. 1SM 10/57



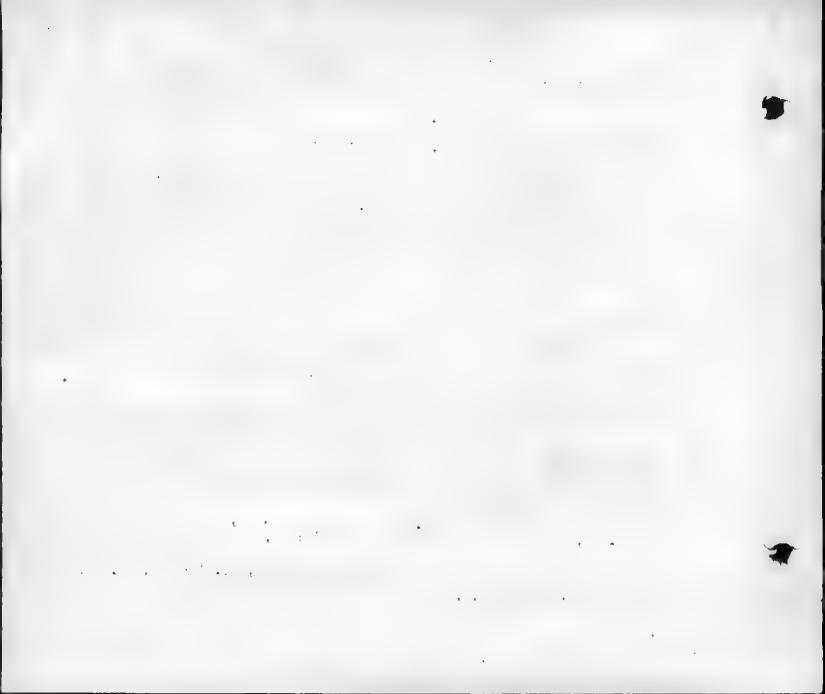
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	After this certificate has been signed by the atmining physician and completely filled in by the S	ed for use as the buriah transit permit. Then please remove corban papers. Pages 1 and 2 shaves the	and accomplishing an encountry of the contract and the same and the sa
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11638 **CERTIFICATE OF DEATH**  11626
Reg. Dist. No.

1	, PLACE OF DEATH			2. USUAL RE	SIDENCE (Where	e deceased lived	i. If institution: R	Residence bei	fore admissian)	
	o. COUNTY	Georges	MARTIN	II O. STATE			b. COUNTY			
-	b. CITY OR TOWN (IF RURAL and give nee	outside corporate limits, wr	ite c. LENGTH OF STAY IN			side carporate li	mits, write RURA	NCO GE Land give n		
	Cheverly		i min_	16 1	Mount Ra	ainier				
,	d. NAME OF HOSPITA OR INSTITUTION	L (If not in haspital, give st	reet address)	d STREET	ADDRESS				e. IS RESIDENCE	
	Prince	Georges Gene	eral Hosp.	1008	37 Stre	et			YES NO NO	
3		First	Middle	1	ost 4	. DATE	Month		ay Year	
	(Type or print)	Henrietta		Forest		OF DEATH	October	27	1958	
5	s. SEX		MARRIED NEVER MARRIED						R IF UNDER 24 HRS	
	Female	何わすする	OMED DIAORCED		0,188	2 10		onths Days	Hours Min.	
1	00. USUAL OCCUPATION	(Give kind af work done	10b. KIND OF BUSINESS OF	INDUSTRY 11. BIRTH	PLACE (Stote or	foreign country		2. CITIZEN	OF WHAT COUNTRY	
	House	ng life, even if retired)	in ocoute	come ne	wy	ork (	ity	, 4	_, S.	
13	3. FATHER'S NAME	messen	-90r	14. MOTHER	S MAIDEN NAM	ME C	7/7	Put	_	
K	S. WAS DECEASED EVER	IN U. S. ARMED FORCES?	SOCIAL SECURITY NO.	17. INFORMANT			Address		<del></del>	
4	Yes. no. or unknown) (H	yes, give war or dates of service)	non	Blad	ou S	-, For	real	- A	6-11	
	18. CAUSE OF DEAT	H [Enter only one couse p	er line for (o), (b), and (c) ]				- /	UN	TERVAL BETWEEN	
	PART I, DEATH WAS CAUSED BY:									
	420.1	IMMEDIATE CAUSE (o)(	Coronary Thron	ihogi g					10 minutes	
	Conditions, if on	v. which )	Hypertensiva A	nt ont onal	matta I	Hoant Di			, , , , , , , , , , , , , , , , , , , ,	
	gove rise to im	mediole (	diver remarks	Carlo Mario Monto	STOPIC	Control D	PANTA		yrs.	
	lying couse last.	under-								
1,		) (c)								
3	PART II. OTHE	R SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEAT	H BUT NOT RELATED 1	O THE TERMINA	L DISEASE CON	IDITION GIVEN I	N PART 1(o)	19. WAS AUTOPSY PERFORMED	
15	5								YES NOTE	
CEDITEICATION		CAUSE OF DEATH I	DESCRIBE HOW INJURY OCC	CURRED. (Enter nature	of injury in Pari	t I or Part II of	item 18.)			
13	20c. TIME OF INJURY	Month, Day, Year 20	M. INJURY OCCURRED 2	e. PLACE OF INJURY	(Home, form,	20f. (City or to	wnl	(County	[Stote]	
MED	20c. TIME OF INJURY Hour a. m. p. m.		hile Not while work of work	factory, street, offi	ce bldg., etc.)	(,	,	(COOIII)	1 famel	
	21. I certify the	t I attended the dec	eased fromJ <sub>8,12,0</sub> ]	2 195	3 to Oct	27, 19	9580 th	ot Llast :	aw the decease	
	alive an Oct	27_19581	2 and that d	anth occurred o	JO:50P-	At from the	course and			
	( )	·	a /	edin occurred a			ity or town, state		ove stated above	
П	ACTUAL / 1 /	01 1. B D	MANDARO	2223					DATE SIGNED	
	SIGNATURE ALL	ares C. Y.	+ MAZANIX	M.D. 3300	Perry S	it, Mt.	Rainier	, Md.	10/20/50	
	PHYSICIAN PHAR	LES C. HAGEAC	E M.D.		11		17			
2	20 BURIAL CREMATION	226. DATE THEREOF	22c NAME OF CEMET	RY ETCREMATORY	322	d. LOCATION	Cify, town, or ca	untul	/51e/c)	
1	SEMOVAL (Specy)	10/3//5	8 Holy	Bood		Thas	chin	glor	(51010)	
23	3. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	0	24g. REC'D 8	BY REGISTRAR	246. REGISTRAI	SIGNATE	JRE	
1	Malley	tunes	al Hom	e. Inc.	DATENAV	3 '58	O. Thea	9 4	14	
-	mi	Rain	cer me	l,						



## FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certific, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be far. Used to the Chief Medical Examiner's Office along with form PM3, Page 5 may be retained for the Should be used as a burial-transit permit. File pages, and 2 with the State Board. Tealth, It is designated agent, prior to burial, cremation, or removal, and is any event within 2 hours after death.

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	A1:	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	then Diet h

11627

1			13 4 4 15									
	1. FLACE OF DEATH	*Aprable*	D 14 D-	April-	1	USUAL RES		there deceased liv	b. COUNT		_	
	Prince Georges MARYLAND			YLAND	4. JI/(IL	Mary	Land	0. 000141	PTL	nce G	180°	
	b. CITY OR TOWN I	lt outside corporate limits, wi te n)	RURAL	c. LENGTH OF STAY	IN Ib	c. CITY OR	TOWN (IF	auts'de corparate	limits, write	RURAL and	give neare	st lown)
ı		Hyattsville		4 years	/	-	Hyatt	sville				
		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			(53)	d STREET ADDRESS  o IS RE' DING ON A FARMA						
		? Rittenhou	se Sti		. 11_	2025 Rittenhouse Street						
	3 NAME OF DECEASED (Type or print)	Elmont	_	rentis	Form	tosi		4. DATE OF DEATH OC	Mont		Doy	19 <b>58</b>
	5. SEX	6 COLOR OR RACE	7 MARRIE	NEVER MARRIE	D 🔲 8. DA	TE OF BIRTH		9 AC	DE [In years   birthday)		YEAR IF	UNDER 24 HRS
-1	Male	white	WIDOWED	DIVORCED		1-16-1	4	1 1	yn.	Months D	Days Ho	wn⊧ Min.
	10a. USUAL OCCUPAT	ON (Give kind of work to	Jane 10b, Kl	ND OF BUSINESS OR	INDUSTRY	11, BIRTHPL	ACE (Stole	or foreign country	)	12. CITIZ	EN OF W	HAT COUNTR'
	during most of worki	ng life, even if retired)								TI	S.A.	
	Truck dri	Ver		canafer Go		MOTHER'S					· U · A ·	h
1	Palane						titia		199			
1	15. WAS DECEASED E	VER IN U. S. ARMED FOI	RCES? 16. S	OCIAL SECURITY NO	. 17. INFO		OTOTO	r waly tre	Address			
	(Yes, no, or uninown)	(If yes, give war or dates of	PREAICE)			_	20				40	
	Yes	W.W. 2.	_	30-18-8084	T HeT	en +	L OLEM	m; same	adure	EB ALB	17	
		ATH [Enter only one cou	se per line h								INTERVAL I	D OFATH
	PART I, DE	ITH WAS CAUSED BY: IMMEDIATE CAUSE (6)		Hemorrhag	e and	shock		-40			1	
1	976X	DUE TO										
1	Conditions if	ony, which (b)		Gunshot w	ound c	f head	1					
1	gave rise to imm	ediate couse		-						-	-	
4	(o), stating the	underlying										
4		HER SIGNIFICANT CON		NTR BUTING TO DEAT	TH BUT NOT	RELATED TO	THE TERMI	NAL DISEASE CON	ADITION GIV	EN IN PART	1(a) 19. V	AS AUTOPSY
	PART II, OT		-	The state of the s							PI	ERFORMED?
	E 200 EVICENIA CA	PICE MAS ING	- DECCRION	HOW IN BY OCCU	dage	mature of		1 0-0 34 7	. 10 5		YES	NO T
	PRIMARY DE OF CO	INTRIBUTING []	D DESCRIBE	HOW INJURY OCCU	KRED (Colle)	noture of in	lock to got	or Part () of ite	m (8)			
			Se	elf inflic	ted_pi	stol	round	of head.				_
	20c. TIME OF INJU	JRY Month, Doy, Yes	E8 20d It	Not while	20e PLACE (	DE INJURY (F	lone, form	20f. (City or to	wn)	(Coun	sty)	(State)
	Hour John	19	ol wor	h at work	Hon	16		Hyatte	sville	Pr.	Geo.	Md.
		hat I took charge	of the re	emoins describe	d above.	held an	Autops	/ T. Inspe	clion I	Inquiry	(X)	and in my
		resulted fram: 1			-		_					7
	opinion deon	lesured Irdin; I	AGIGLOL C	goves [], vcc	racin [,	SUICION		TOTALCIDE []	Ondere	emarked m	onner [	_
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	SIGNATURE	all mark	TIE	may	M	.D		AMINER -				4 -
	EXAMINER'S							AL EXAMINER	0	ctober	23,	1958
	NAME (Type)	John T. Mal	oney,	M.D.		DEPUTY	MEDICAL I	XAMINER -				
		ON. 226 DATE THEREC	F	27c NAME OF CEME				22d LOCATION	(City, Jawn,	or county)		(State)
	Bull 1al Ispec	Oct 27,	1958	Arlingto	n Nat	ional		Arlingto	on va.			
	23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			240. REC'I	BY REGISTRAR	24b. REGIS	STRAR'S SIGN	NATURE	. 40
	F. Gasc	h's Sons	Hyatt	sville, M	d.		DATE U	CT 2 C '58	1 0	Jun &	trans	



e. IS RESIDENCE ON A FARM?

ONSET AND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

Days

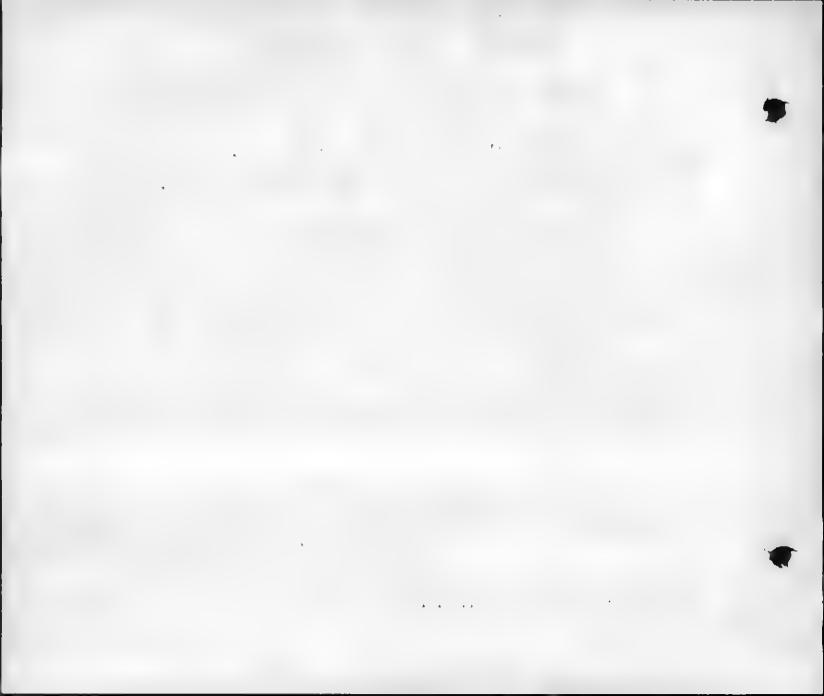
(County)

240. REC'D BY REGISTRAR: / 24b. REGISTRAR'S SIGNATURE

YES NO D

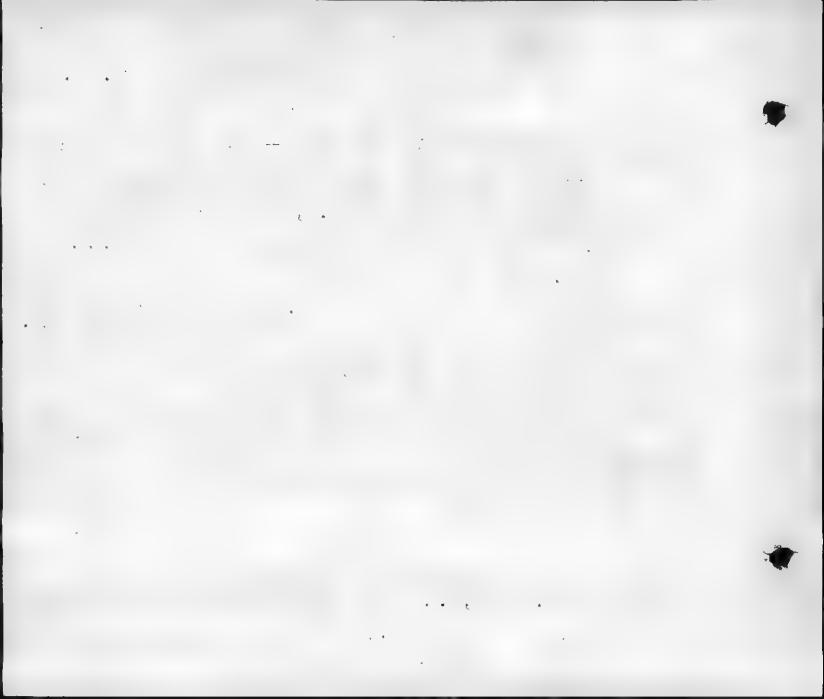
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VS A15 (4) 1SM 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH R STATE Reg. Dist. No. LTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before adm stron) COUNTY O. STATE Prince Georges Maryland b. COUNTY Pr. Geo. MARYLAND b. CITY OR TOWN (If puts do corporate limits we a RuRA, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 hours Bowie Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) # STREET ADDRESS e IS RE test's > ON A FARM Prince Georges General Hospital Lanham-Severn Road YES NO 3. NAME OF First Middle 4. DATE Month DECEASED (Type or print) DEATH October 28 19 58 Gertrude Green Pear I 5. SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 8 DATE OF BIRTH 9 AGE In years IF UNDER TYPAR IF UNDER 24 HRS. lost birthday) Months Dovs Hours DIVORCED | WIDOWED | Jan. 8 1906 Female. whate yrs. 50 0 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (Stote or foreign country) 2, or ond 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 524 haurs after of Sive Pages 1, 7 th farm PM3. Pc U.S.A. Maryland Housewife poges 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Blanche Clements F George McKay 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT If you also was as dates of nessucal Chester T. Green: 5103 Paducah Road, College No BATTERVAL BETWEPATK. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] PART I. DEATH WAS CAUSED BY: Cerebral compression IMMEDIATE CAUSE (0) Office 23/X DUE TO Intracranial hemorrhage Conditions, if ony, which) gave rise to immediate couse buri DUE TO (a), stoting the underlying couse lost. b ding Exor PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(p) 179. WAS AUTOPSY CERTIFICATION pasa 3 should be PERFORMED? NO [ 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour e.m. While Not while of work of work D. ID. 21. I certify that I took charge of the remains described above, held an Autopsy 17. Inspection IX. Inquiry 12. CTOR: opinian death resulted from: Natural causes 🗍, Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined manner 🔼 ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER** should FUNER/ NAME (Type) John T. Maloney. October 28. DEPUTY MEDICAL EXAMINER 220 BURIAL CREMATION 1226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Spec fy) 10.30.58 Washington.National Suitland. 0 Burial Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Lee Funeral Home A15ME 300. 4th.

5M 2,57





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	F	G A	R	ST
PUTY MED - TEXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please	the cert "e, writing the mand "pending" in pencit in Item, 18. Give Pages 1, 2, one at the funeral direction. Page of the	f les	AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board. Health,	or its designated agent, prior to benial, cremation, or removal, and in any event within 72 hours after death.
DEPU	xecute	shoul	FUNE	r its d

VS ATSME

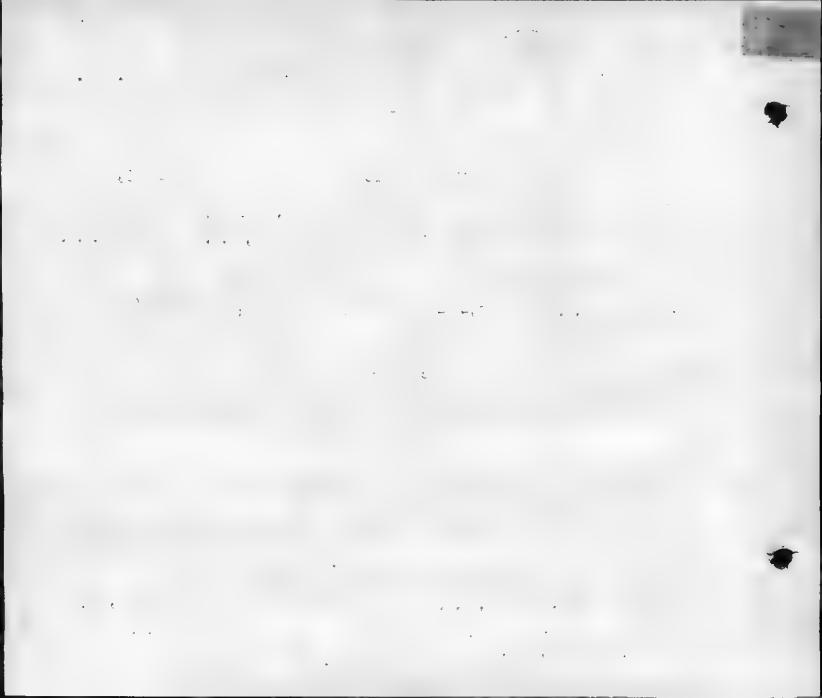
5M 2/57

			MENT OF HEALTH—BALTIMORE, 18 US CERTIFICATE OF DEATH  11631
	44000	CAL EXAMINER	Reg. Dist. No.
PLACE OF DEATH	-11620		2 USUAL RESIDENCE (Where deceased lived. If anstitution: Residence before admission)
o COUNTY Pr	inee Georges	MARYLANI	
b. CITY OR TOWN (IF	pors de corporate limits, write RURA	c. LENGTH OF STAY IN TE	b c. CITY OR TOWN (If outside corporate lim'ts, write RURAL and give nearest town)
	ma Park	3 years	Takoma Park
	ckney Avenue	in hospital, give street address)	d. street address / 7805 Lockney Avenue
NAME OF DECEASED (Type or print)	First Carl	Wilhelm G	rosskurth DEATH October 3, 1958
. SEX	6. COLOR OR RACE 7. A	AARRIED T NEVER MARRIED	
Male	white we	OWED DIVORCED	January 24, 1891 67 yrs. Months Doys Hours Min.
do USUAL OCCUPATIO	N (Give kind of work done life, even if retired)	106. KIND OF BUSINESS OR INDU	USTRY 11. B RTHPLACE (Stole or foreign country)  Washington, D.C.  12 CITIZEN OF WHAT COUNTY.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME
Wilhe	lm Grosskur	th	Ruma Augusta Brand
	R IN U. S. ARMED FORCESS		NFORMANT 8609 Quebes Street
Yes	W.W.1	217-12-5943	Edward Grosskurth; Berwyn Heights
Conditions, if on gove rise to immedial, sloting the u coust lost.	iote couse	Cardiovascular	renal disease
PART II. OTHI		NS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO
	SE WAS TRIBUTING [] 206 DE	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part 11 of Item 18 )
20c. TIME OF INJUR Hour g. m.	Y Month, Day, Year	20d. INJURY OCCURRED 20e Pt White Not while of work of work	TLACE OF INJURY (Home, form, 20f. (City or town) (County) (States), street, office bidg., etc.)
actual SIGNATURE	esulted from: Note	Maloney	bove, held an Autopsy, Inspection, Inquiry and in t, Suicide, Homicide, Undetermined monner  ACCURATE MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  October 3, 1958
PO- BURIAL, CREMATION REMOVAL (Specify) BURIAL	John T. Malor 10/6/58	724 NAME OF CEMETERY C	OR CREMATORY 77d. LOCATION (City, town, or county) (Store)
	dimplitty, Inc	ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
Kaymoud	a Bucka	Silver Spri	ing, Md. DATEOUT 6 '58 Cather & House

Orthun S. Kinser

6 '58

TOCHAD



ADDRESS

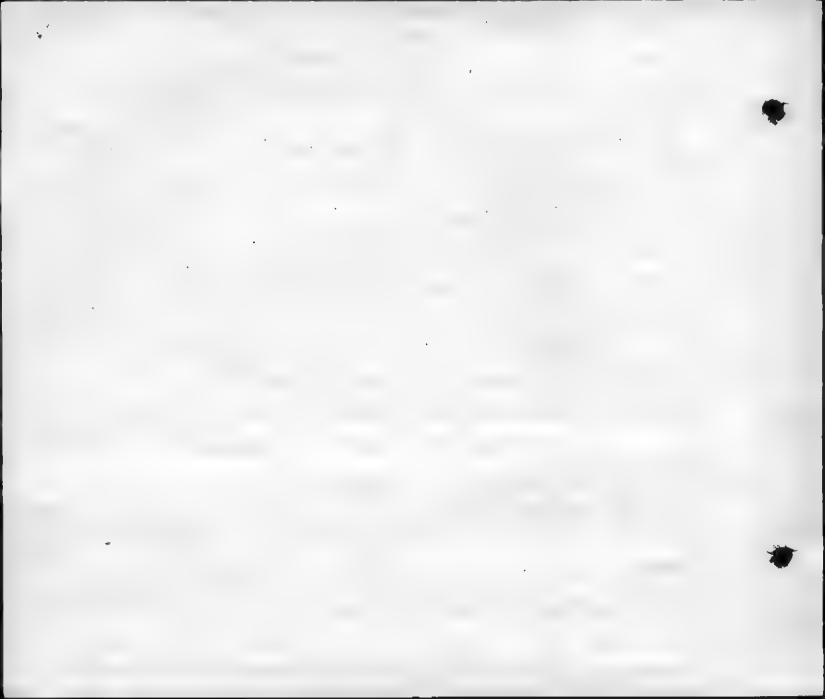
24a. REC'D BY REGISTRAR

DATE

e. IS RESIDENCE ON A FARM? YES | NO F Year IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Min 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSEL AND DEATH PERFORMED? YES TO NO IT (County) (State) 1900 that I last saw the deceased M. from the causes and on the date stated above. (State) 24b. REGISTRAR'S SIGNATURE Colling S. Firans

0 VS A15 (4) 15M 9/55

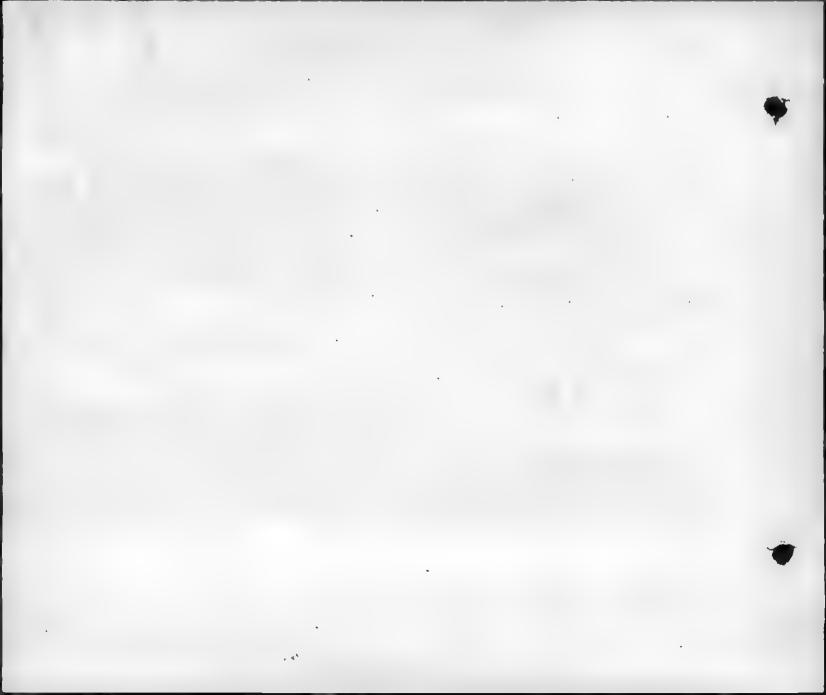
23. FUNERAL DIRECTOR'S SIGNATURE





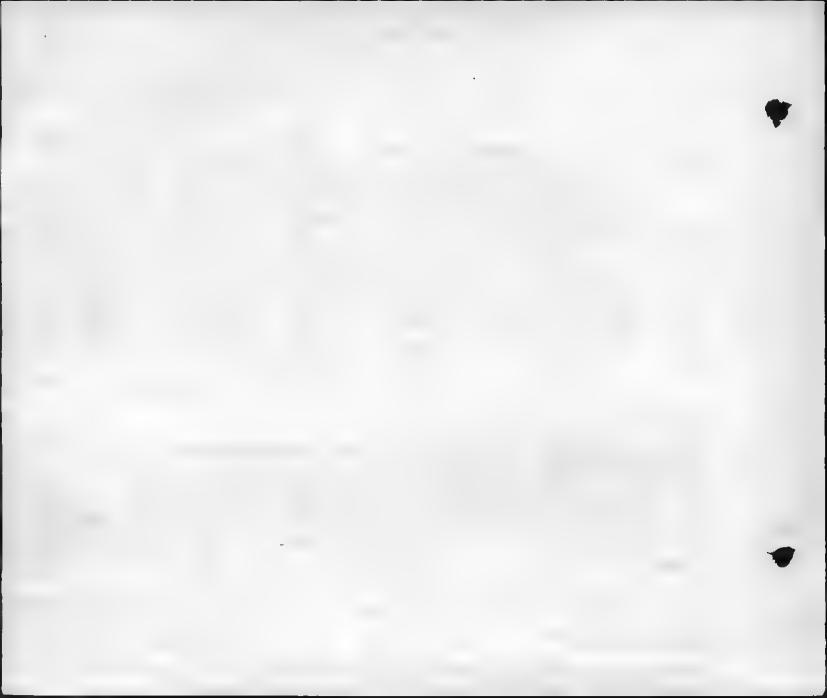
HOSPIT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



11682 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) filed o. COUNTY b. COUNTYb. C TY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES T NO F NAME OF First Middle 4. DATE Month Year Day DECEASED (Type or print) DEATH 19 ~ 5. SEX 6. COLOR OR RACE 9. AGE (in years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED THEVER MARRIED T B. DATE OF BIRTH Months Min Days Hours DIVORCED | WIDOWED I 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! during most of working life, even if retired) 13. FATHER'S NAME UNKNOWN 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? -L3LDDORA M. BURNS - DAUGHTER-18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE IO CONGESTIVE HEART FAILURE 5/1/2 DUE TO ARTERIOSCUEROTIC CARDO-VASCULAR
DISEASE (WITH MYDEARDIAL INFARCTION Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(s) 19. WAS AUTOPSY PERFORMED? YES NO IZ 20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 18.) (IF EITHER, NOTE 20c. TIME OF INJURY Day Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldge, etc.) While 21. I certify that I attended the deceased from the control of the control of the certify that I attended the deceased from the certific that I attended the certi that I last saw the deceased R: A alive on\_\_ , and that death occurred at APPM, from the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL Drior 99 P PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME-OF CEMETERY OF CREMATORY (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



execute the control of the word "pending" is pending " Secuted within "4 howm after death. If any delay is necessary, please execute the control of the function of the function of the function. Page 4 shauld be it ded to the Chief Medical Examinates Office along with form PM3. Page 5 may be retained from files.

10 FUNERAL DI TOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board Health, or removal, and in any event within 72 hours after death.

VS A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	R

11635

	11600	Reg. Dist. No.
,	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
,	o. COUNTY Dince Goorges MARYLAND	o. STATE maryleng b. COUNTY
and the	b. CITY OR TOWN I'll outside corporate timits of the BURAL . IC. LENGTH OF STAY IN 16	c. CITY OR TOWN (If cutaide corporate limits, write RURAL and give nearest lown)
	and give negress tofun) of the state of the	The Farmer A.
	A MANUE OF LINCOLD OF DESTRICTION OF	x north Tares is ret
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give size address)	d. STREET ADDRESS  or SPESIDINGE  ON A FARM?  TEST NOT
	3. NAME OF First / Middle	
	OFCEASED (Type or print) arthur Clarence:	Heller Death Cor & 21 1918
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH, 9. AGE IN YOUR IF UNDER 14EAR IF UNDER 24 HES
	male letute WIDOWED [] DIVORCED []	7.6.6. 1888 lead builders) yrs. Months Doys Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	While of totore - Rolling of	minn, Lis
1	13. FATHER'S NAME	14. MOTHER'S MAIDENCHAME
arther or	Edward Heller	Lucia Medloweld!
	15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17. IN	IFORMANT Address
į	tes, no. of winnown) (if you give war or dates of service) - 27-61-0789 W	ellean Cotchin it Dames F.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	LINVERVAL DETWEEN
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Q CUITE COT	ONSEY AND DEATH
	+++ A DUE TO	the grant of the fact of the
	Condition II and III	
	Conditions, If any, which gave rise to immediate cause	an certar lenat consider
	(a), stoling the underlying DUE TO	
	cause lost. (c)	The second secon
,	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. IE.	ther noture of injury in Port I or Port II of item 10.)
	PRIMARY () or CONTRIBUTING () CAUSE OF DEATH.	The state of the s
	3 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e PLAC	E OF INJUSY (Home, form, 120f. (City or town) (County) (State)
	Hour a. m. While Not while facto	ry, street, office bldg., etc.)
	21. I certify that I taak charge of the remains described above	
	opinion death resulted from: Natural causes . Accident	, Suicide , Hamicide , Undetermined manner
	ACTUAL ACTUAL	DATE SIGNED
	SIGNATURE TOLIZATION IT FORTY	_M.D. CHIEF MEDICAL EXAMINER
þ	EXAMINER'S / /	ASSISTANT MEDICAL EXAMINER
	NAME (Type) A M 220 DATE THEREOF TECHNAME OF CEMESERY OF	DEPUTY MEDICAL EXAMINER [] (0 C) 2 1, 19 3 8
	220 AURIAL CREMATION 22b. DATE THEREOF 220 NAME OF CEMETERY OF	CREMATORY 22d LOGATION (City, Joya, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS!	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAYURE
	Lee Funeral Home - Washington D.(	A A W A
		DATE UCI 2 4 58 a sing of thous



11644 **CERTIFICATE OF DEATH** Rea. Dist. No 2 USUAL RESIDENCE (Where deceased lived. If institut on Residence before admission) b. COUNTY Prince Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale, Md. ON A FARM? YES NO X 44th ave DATE Yeor October DEATH 19 58-P. AGE (In years low birthday) IF JNDER 1 YEAR IF UNDER 24 HRS Months Dovs 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Agnes Harwood Marshall Address Riverdale, Md. INTERVAL BETWEEN ONSET AND DEATH onowany Thrombosis ANTERIOSCLEROTIC HEART DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES NO 17 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) and that death accurred at 200 AM, from the causes and on the date stated above DATE SIGNED 22d LOCATION (City, lown, or county) (Stote) Washington 24b REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR Colling S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1			MARYLAND STATE DEPART	MENT O	F HEALTH	H-BALTIMORE, 18				
FOR STATE			MEDICAL EXAMINE	R'S CER	TIFICAT	TE OF DEATH	11637			
HEALTH DEP		-	-11684	10.44444	4 6 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		eg. Dist. No.			
F ge		1. ,	COUNTY Prince Georges MARYL	A STA	TE	Where deceased lived If institutions  B COUNTY	Prince Georges			
Page Health		b	CITY OR TOWN (If outside corporate I mile, we to RURAL C. LENGTH OF STAY II			land outside corporate l'mits, write RUR				
L. Co.	$\mathcal{I}$		Chapel Cake			iver				
Q Q 1		d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	g. STR	EET ADDRESS		e 15 RELIDENTE ON A FARM			
e Bo			1107 54th Avenue		Box 61,	Hill Road	YES NO			
fund fund fund fund footi		5	NAME OF Fral Middle		Lost	4 DATE Month	Doy Year			
be re the fer of		5. S		Henson		DEATH October	74h 19 58			
H a 3 ta lay lay las ol		5. 5	THE THE MAKENED AT THE PER MINISTER			7 Son lou b ribday) Mo	NDER TYEAR IF UNDER 24 HRS			
uh. 5 m 5 m		100	USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR II		ber,		2. CITIZEN OF WHAT COUNTRY?			
2, 2, 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	`	d	uring most of working life, even if retired)  Farmer Farming		Maryla		U.S.A.			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		13.	FATHER'S NAME	14, MOTH	ER'S MAIDEN N		V 100 111			
Pog Pog	/		Unknown		Kather	ine Jackson				
fore File		15. (Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO	17 INFORMANT		Address	70° 10 100.0 dv. dv. 10°10			
Fire Control			NO [II yes, give wor or dotes of service]	Frank	Henson,	998 County Road	, District Heigh			
ng a		<u> </u>	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY				BATERVAL BETWEEN DINSET AND DEATH			
treed also			IMMEDIATE CAUSE (o) Acute c	ongestiv	e heart	failure				
il in			Conditions. if ony, which) (b) Cardiovascular renal disease							
S S S S S S S S S S S S S S S S S S S			gave rise to immediate cause	arcutar	renat d	1sease				
in i			(a), stating the underlying DUE TO							
ing' ixom ixom arias		Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH	BUT NOT RELATE	D TO THE TERMI	NALDISEASE CONDITION GIVEN I	N PART 1(0) 19. WAS ALTOPSY			
Pend pend tol E		CATION					PERFORMED?			
d ight		CERTIF	206. EXTERNAL CAUSE WAS PRIMARY   OF CONTRIBUTING   CAUSE OF DEATH.	ED (Enler nature	of injury in Part	1 For Port II of Item 18 )				
war war ef W oold buri		_								
Chi Chi		MEDICAL	Hour e, m. While Not while	factory, street, o	IRY (Home, form, office bldg., etc.)	20f (City or fown)	(County) (Stole)			
MIN Ding The Sy or		×	p. m. 19 of work of otwork of the remains described	ahaya hala			(100)			
X de la			21. I certify that I took charge of the remains described apinion death resulted from. Natural causes [1], Accide							
og e			Accidit	: III [_], JUI	icide [	Tomicide [_], Underermi	ned manner			
DIC.			SIGNATURE JOHN D. Makeney	ALD CHI	IEF MEDICAL EX	AMINER [	DATE SIGNED			
~ 0 % 0	5		EXAMINER'S		SISTANT MEDICA	AL EXAMINER				
He H	0-		NAME (Type) John T. Maloney, M.D.	DEP	UTY MEDICAL E	EXAMINER TOX Octo	ber_7, 1958			
S S S S S S S S S S S S S S S S S S S		27a.	PURIAL CREMATION, 226 DATE THEREOF 226 NAME OF CEMETER	Y OR CREMATOR	Y -7-	22d LOCATION (C IV. town, or co	ynly) (Storg)			
5,45		23	FUNERAL DIRECTOR'S SIGNATURE ( ADDRESS	rella	meler	Deaderen	urgrance,			
VS AISME		7	Tourse & Turcher Tredite 1117	2012		T 1 0 '58	2 1/			
pm 2 3/	1		tound marin how Apout -461.	11 27 110	DATES C	110'58 Orthun	& Krassa			

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VS A15 (4)

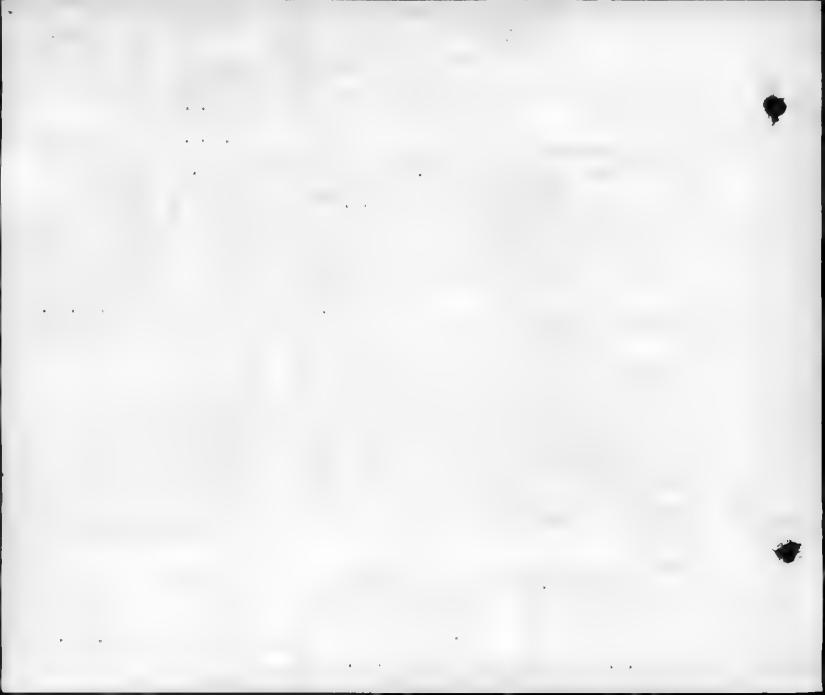
15M 10/57

		11645 CERTIF	ICATE OF DEATH	Reg. Dist. No. 1163
Ell I		PLACE OF DEATH  PRINCE Georges MARYLA	ND 2 USUAL RESIDENCE (Where deceased lived of ins	Utylion Residence before admission
-		BIGHT BOOWN (If outside corporate limits, write RURAL TOO CAPETS town)	c. CITY OR TOWN (If outside corporale limit, wr Washington, D.C.	rile RURAL and give nearest town)
17		of NAME OF HOSPITAL (If not in hospital, give street oddress) OF INSTITUTION Prince Georges General Hospital	d. STREET ADDRESS 1630 Upshir St. N.W.	e. IS RESIDE ON A FA YES N
		NAME OF DECEASED Ruth First Middle Crype or print)	HILLOY OF UCT.	Month Doy 6 Year
7 P E	5.	SEX Female  6. COLOR OR RACE White Widowed Divorced	TIGE 25. LOST 1 Promis	HOUTS Days Hours
	100	during OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR I	NDUSTRY 11 BIRTHPLACE (Slote or foreign country)  Virginia	12. CITIZEN OF WHAT CO
		Archibald Franklin Fairfax	LuEmma Davis	
		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (If yes, give wor or dates of service)	17 INFORMANT Carl N. Hilley 1630 Up	Address pshur St. N. V
		463 × DUE TO	nombosis LEFT Leg	INTERVAL BETWONSET AND DE 124n. 4wee
₹	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH ANTERIOS (LEROTIC HEART	TO CAMON	FICION CU YES A
	MEDICAL	20c TIME OF INJURY Manth, Day, Year   20d INJURY OCCURRED   20d   Not white	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County)
/		21. I certify that I attended the deceased from 10/2 alive an 10/26, 19.58, and that de actual signature  Norman D. Comeau  PHYSICIAN'S Norman D. Comeau  NAME (Type) Norman D. Comeau  NAME (Type) Norman D. Comeau	eath occurred at 1 = AM, from the cause  ADDRESS (Street, city or to  M.D. 3503 PRAM  ATLANTA CALL PIT PAIN (E.	es and an the date stated
	220	BURIAL, CREMATION, 22b DATE THEREOF 22c, NAME OF CEMERS		wn, or county) (State)
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24- BEC'D BY BEGISTOAD 245 (	PECISTRAP'S SIGNATURE

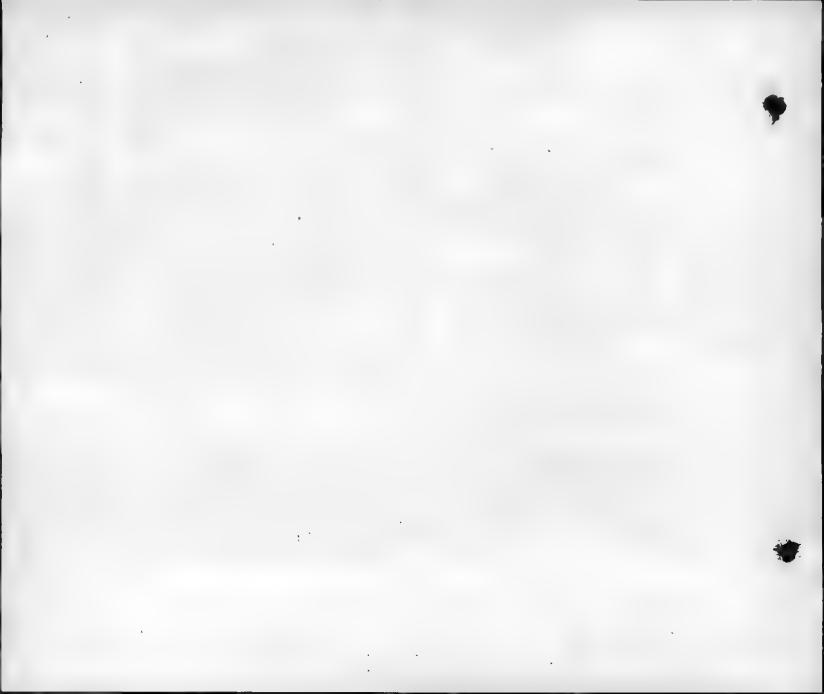
The S.H. Hines Co. Washington, D. C.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

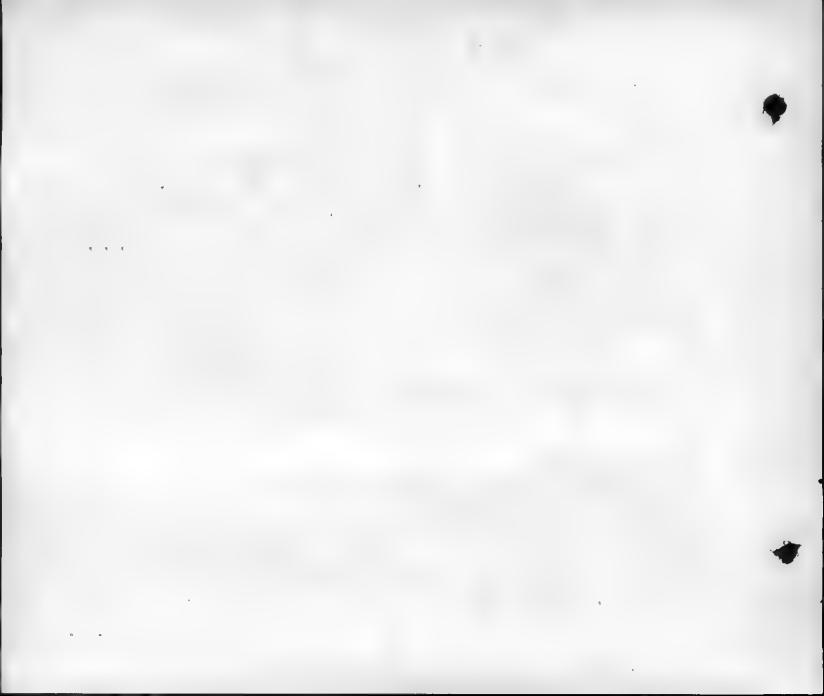
write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO T Ye 058 IF UNDER 1 YEAR IF UNDER 24 HRS iday) Months Days Hours yrs 12. CITIZEN OF WHAT COUNTRY Address Joshur St. N. W. INTERVAL BETWEEN ONSET AND DEATH 124ns 4weeks ON GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES A-NO (County) (Stote) 95 Sthat I last saw the deceased uses and an the date stated above. lown, or county) (Stote) Prince Georges Co. Md. 240. REC'D BY REGISTRAR



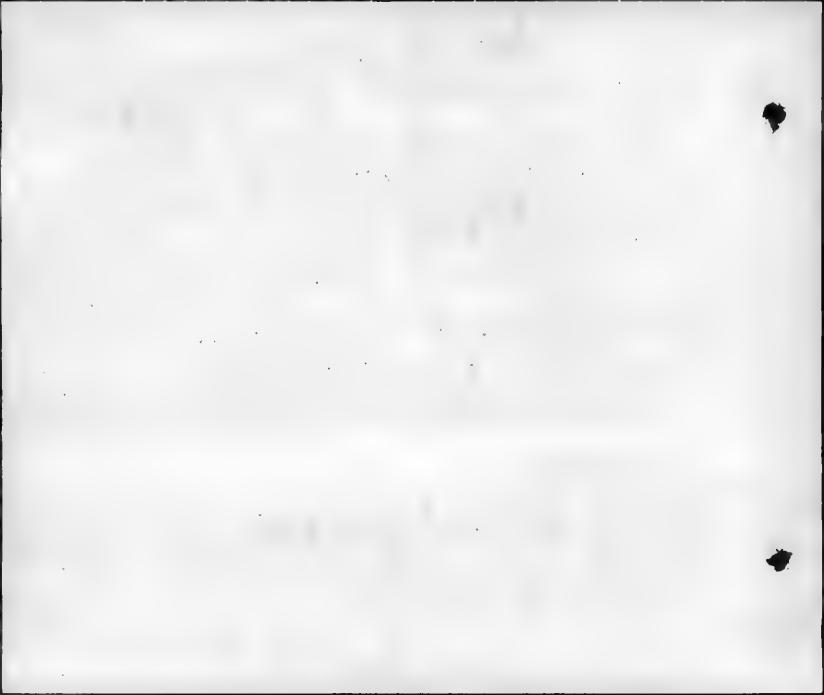
			MARY	LAND S	TATE DEPA	ARTM		H-BALT	TIMORE, 1	В	4.4.04	20
			116	46			TE OF DEAT	Н		Reg. Dist.	116	39
53	١.	PLACE OF DEATH g. COUNTY					2 USUAL RESIDENCE (W	here deceased	lived If institution	Residence	before admi:	ision)
1	-	Prin	ce Georges	ts, write c	LENGTH OF STATE	YLAND Y IN 16		yland	b. COUNTY	Prir	ice Ge	orges
$\{C\}$		KUKAL and give r	neorest tawn]				N/		Ole Illinis, Wille KO	KAL BIO GIVE	r neuresr ruw	m)
7.		d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street add	9 hour		d. STREET ADDRESS	1 Oaks		<u> </u>	ON	SIDENCE A FARM?
	-	Prine	e Georges G				1108 54 AV				YES [	NO
		DECEASED	Fir	st	Middle	e	Lost	4. DATE OF	Month		Day	Year
	_	(Type or print)	16. COLOR OR RACE		Gi		Janifer	DEATH	Octobe			1958
	7.	364	a. COLOR OR RACE		NEVER MARR		B. DATE OF BIRTH			FUNDER LY Months Da		
	10	Female	Negro	WIDOWED [	uudi		October 6. 1	958	yrs.	2	9	
	"	during most of wor	ON (Give kind at wark i rking life, even if retired	dane 10b. KIN }	ID OF BUSINESS (	OR INDUS	TRY 11 BIRTHPLACE (State	ar foreign co	untry)	12 CITIZE	N OF WHA	T COUNTRY?
							Marylan			I	Inited	State
. <del>-</del> /	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
					ster Jan			Gertri	ade Brow	n		
	15. †Ye	WAS DECEASED EV	ER IN U.S. ARMED FOR It yes, give wor or dates of a	CES?   16 SOC	HAL SECURITY NO	D 17. II	IFORMANT		Addre	53		
	_											
			ATH [Enter only one co	use per line fo	or (a), (b), and (c)	]		\			INTERVAL B	ETWEEN
		PART 1. DE	ATH WAS CAUSED BY: _IMMEDIATE CAUSE (o	Pro	mer Gent	# (a.	riable Illa	(00)		1	ONSET AND	DEATH
		, ,	DUE TO	. 4	/	/		<				
		Canditians, if a	ony, which ] (b	Alm	mare	hul	monary 3-Est	HAX.	*			
		gave rise to i	mmediate (		1	7	1000	LAKTIAN				
		lying cause last.										
	Z	PART II OT			TRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	V IN PART 16	19. WAS	AUTOPSY
D	CATION									· ·	PERF	NO T
		20a ACCIDENT W	AS UNDERLYING	20b. DESCRIB	E HOW INJURY C	CCURRED	(Enter nature of injury in	Part I or Part	tl of item 18.)		1	1 110 []
	CERT	(IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)									
	CAL	20c. TIME OF INJUI	RY Manth, Day, Yea	r 20d INJUI	RY OCCURRED	20e. PLA	CE OF INJURY (Home, for	n. 20f (City	or town)	(Cour	n tu l	(Stote)
	MEDICAL	Haur a.m.	19	While of work	Not while	foc	ary, street, affice bldg , etc	)		(00)	"71	(21016)
	2	p, m,				1			2 70			
					framOcto	ber	6 19.58., 10.00	tober	3, 1 <u>9.58</u> _,	that I last	t saw the	deceased
		alive on Oct	ober 6	, 1958	, and that	death	occurred at 12:20					
		ACTUAL	41	11/	1		, 7		eet, city or town, st	ate)	D	ATE SIGNED
- 4		ACTUAL SIGNATURE	henron H	(i tu	resteus	Ecc 1	10	cas to	ex luc		10/0	1/08
_ ′		PHYSICIAN'S NAME (Type)	Thomas A.	Christ	ensen							
	22a		N, 226. DATE THEREO	F ' 22	NAME OF CEM	ETERY OR	CREMATORY	22d LOCATI	ON (City, tawn, ar	countyl	(Sta	iel
	C	REMOVAV[Specify]	10/14/5	9 P	rince LG	eorge	e's General F					-,
	-	FUNERAL DIRECTOR			Harry W.			D BY REGISTR				
	1	14 111	16 1.00		Administ		19 01 0			7 8. the		
ŧ		- 1 × 6	-	-11	ACHILLET ST.	rato)	DATE					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18



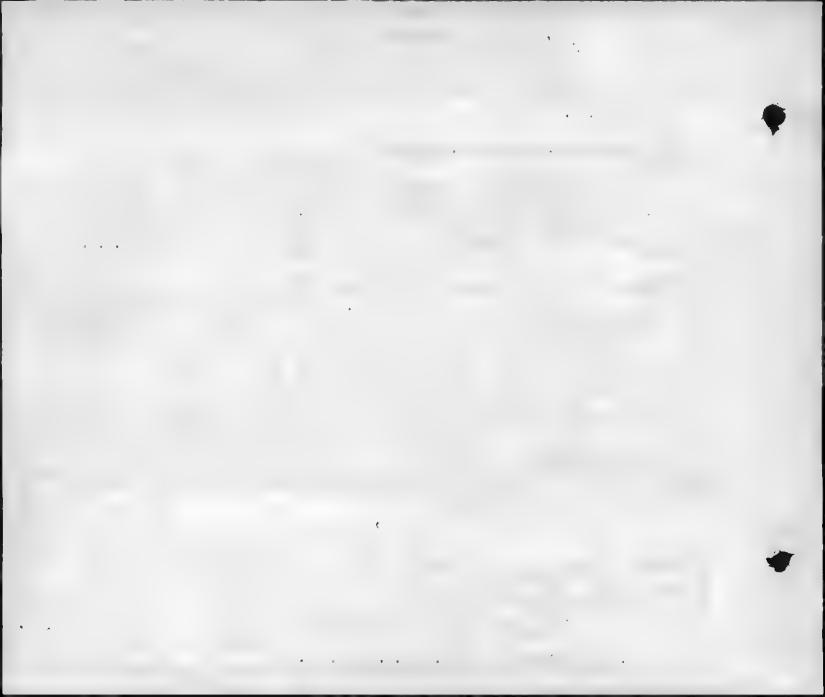
**CERTIFICATE OF DEATH** 

	1.1	.061	CERT	IFICA	E OF DEAT	1		Reg. Dist.	No.	
1. PLACE OF DEATH  O COUNTY	INCE GEORGES		MAI	RYLAND 2	USUAL RESIDENCE (WI O. STATE		lived. If institution b. COUNTY	PRINCE		
	If outside carporate lim		c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF		ite limits, write R			
TAKOMA	PARK, MD.			/	TAKOMA PAI	RK, MARY	LAND			
OR INSTITUTIO					d. STREET ADDRESS 815 LARCH	AVENUE			ON	SIDENCE A FARM?
975 TAR J. NAME OF		KOM A	PARK MARY		lest	4. DATE				
DECEASED (Type or print)		IN A	MIOO		AZOGLOU	OF DEATH	OCTO		16,19	Year A S.R
5. SEX	16. COLOR OR RACE		RIED NEVER MARI		ATE OF BIRTH	<del></del>	. AGE (In years	IF UNDER 1 Y		
TOWAY TO	WHITE	WIDOW					lost birthday)	Months Do	nys Hours	Min.
FEMALE  On USUAL OCCUPA	TION (Give kind of work	danel 10b.	🗀		APRIL 12.189			6     12 CITIZE	M OF WHA	COUNTR
anting most at v	rorking life, even it retired	4)					,,			
HOUSEWE 13. FATHER'S NAME	r p.		IOME_MAKER		GREECE 4. MOTHER'S MAIDEN N	NAME		<u> </u>	S, A.	
NT CIE										
NTCK 5 WAS DECEASED!	VER IN U. S. ARMED FO	RCES7 116	SOCIAL SECURITY N	O. 17. INFO	I RENE		Addr	met .		
(Yes, no, or unknown)	(If yes, give wor or dates of		TO UNE DECORITE IN		RS. MICHAEL	CRAMAT	IKOS(DAU	AV EN	UE TA	CAMA
Tro CAUCE OF	DEATH [Enter only one o				NO. MICHIALLY	GIGHNAL	THOD ( DAG	/diritin/	INTERVAL B	JAROH
Canditions, it gave rise to couse (a), statilizing cause to Part II.	immediate DUE TO	o c)	Deibe CONTRIBUTING TO D	EATH BUT NO	nellito	NAL DISEASE	CONDITION GIV		1041 (0) 17. WAS	AUTOPSY ORMED?
3										NO Z
O THE STIMES NOT	WAS UNDERLYING THE NG TO CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY	OCCURRED. (	Enter nature of injury in I	Part I ar Port I	l of item 18.)			
20c. TIME OF IN. Hour o. ;	3,	White	NJURY OCCURRED  Not while at work	20e. PLACE foctor	OF INJURY (Home, form, street, office bldg., etc.	. 20f. (City o	r town)	(Cou	inty)	(State)
21. I certify	that I attended the	deceas		- 1,	, 1957, to C					
alive on	UCV 12	, 125	L&, and the	it death o	curred at 1:450				date stat	ed abor
ACTUAL	Lame S	2 :	Toster	M.D	174	ADDRESS (Sire	et, city ar lown,	N. K	) 1	ATE SIGN
PHYSICIAN'S NAME (Type)	JAMPS	J.	Foster	2		W	Ash.	0-0		
BURIAL CREMA	10/18/	of 1958	FORT L	IN COLI	CEMETERY	PRI	MCE GEC	RGES	count	Y,MI
23. FUNERAL DIRECTO			ADDRESS		24a. REC'	D BY REGISTRA	AR 24b. REGIS	TRAR'S SIGN		
MARTIN W	. HYSONG COL	IPANY	1300 N.ST	, N. W	WASH . D. CATEDO	T 1 7 '58	C.A	- 2 90	raud	

eral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIR OR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should by detached far use as the burial-transit permit. Then please remave carbon papers. Rages 1 and 2 state registrar priar to burial, crematian, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

M





VS A15 (4) 15M 10/57 11644

11648 CERTIFICATE OF DEAT	11	64	R	CERTIFICATE	OF	DEATI
---------------------------	----	----	---	-------------	----	-------

		0					Keg. Ulst.	NO.		
1. PLACE OF DEATH o. COUNTY		_		USUAL RESIDENCE (Wh	era decease	d lived If institute	on Residence à	pefore adm s	{nois	
Prince George		MARYLAN	D U .	Marvland	Princ	de George				
b C.TY OR TOWN (.f outside RURAL and give nearest to	e corporate limits, write	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Cheverly		7 Days		Landover						
d NAME OF HÖSPITAL (IF IN	at in haspital, give street a	oddress)		d. STREET ADDRESS				e IS RES		
Prince George			1.	2111 Columb	ia Ave	<b>a</b>		YES [	NO TO	
3. NAME OF	First	Middle		Lost	4. DATE	Mon	41	-	V	
DECEASED (Type or print)	Charles	E		Lade	OF DEATH	10			Yeor 19 58	
5. SEX   6. CO	LOR OR RACE 7- MARRI		7 8. D	ATE OF BIRTH	1	9. AGE (In years	IF UNDER 1 YE			
	White WIDOWE			March 29-	1869	last birthdoy) 89 yrs	Months Da	ys Hours	Min	
100. USUAL OCCUPAT ON (GIV	e kind of work done 10b. K	CIND OF BUSINESS OR IN	DUSTRY				12 CITIZE	N OF WHAT	COUNTRY	
during most of working life Farmer	, even if retired)			Virgin:		,,			COOMIE	
						-	U.	S.A.		
13. FATHER'S NAME	ık.		11.	4. MOTHER'S MAIDEN N						
					Mary	Holly				
IS. WAS DECEASED EVER IN U.  (Yes. no or unknown)   [II yes, qu	S ARMED FORCES? 16 S		INFO			Addr				
		Unk.	1108	spital reco	ords	Cheverl	y, Md.			
18 CAUSE OF DEATH [E	nter only ane cause per line	e for 10) (b), and 101 V			-	17	_ []	NTERVAL BE	TWEEN	
PART I DEATH WA		-ubralalis	,	An Eller	112	Klne	mus	DNSET AND	DEATH	
1'77 MAMEE	DIATE CAUSE (o)			A	-	7.1.14				
1///	DUE TO	11 6		T from me	0/41	15		2 41		
Conditions, if any, wh		- 07 /22	60	of ale melas laser, 2 glass						
gove rise to immedi	ate ( DUIT TO							1		
lying couse lost.	197-	, ,					-	V		
	NIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH 6	UT NO	T PELATED TO THE TERMI	NAL DICE AS	E COMPITION ON	Thi thi DART 1	120 1/40	A IXODEV	
E CONTRACTOR	The continues of	CHANGE IN TO DEATH	01110	WEENIED TO THE TERMIT	MAL DISCASI	E CONDITION GIV	EN IN PART 16	PERFC	PRMED?	
<u>\$</u>								YES [	NO 🗌	
PART II. OTHER SIG	ERLYING   206. DESC	RIBE HOW INJURY OCCUI	RRED JE	nter nature of injury in P	ort I or Pari	II of item 18.]				
	AL EXAMINER)									
5 20c. TIME OF INJURY Mon		JURY OCCURRED 20e	PLACE	OF INJURY (Hame, form, street, office bldg., etc.	20f. (City	or town)	(Cour	tly]	(State)	
20c. TIME OF INJURY Man	19 While at work	Not while	racio, y,	, sireer, onice orag., erc.	1 /					
21. I certify that I a	ttended the decease	d from 7/6		1958 to 1	0 11.	3 1050	that I lost	L tout the	desegre	
alive an	10	, and that see	nih oo	curred at 2:15P	14/6					
	0 0	, pila mai sec	1111 00			n the causes a				
ACTUAL - / - 22 /	- 113 /15	hack		9/5-	9 0	Colly of 10wn.	store;	D.	ATE SIGNE	
SIGNATURE	2111/001	macy)	M D.	1	1-21	9: 17	- W -	, 		
PHYSICIAN'S		,		2/2.1	>	6 0	0			
NAME (Type)				naspus	SI	n				
	. DATE THEREOF	22c NAME OF CEMETERY	OR CR	EMATORY	22d. LOCAT	TION (City, town, o	r county)	(Stol	e)	
Burial	10/17/58	Grace Chu	rch			bemarle		Va		
23. FUNERAL DIRECTOR'S SIGN	ATURE			O Ave 240. REG		RAR 245 REGIS	TRAR'S SIGNA	TURE		
F. Gasch's Sc	ns Hyattsv	ille. Md.		DATE	1 4 0	20	when S. 9	haus		



VS A1S (4) 15M 10/57

	1	10	-
,	al director, be filed with	(	ì -
	y the 2 show		0

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11649 **CERTIFICATE OF DEATH**  11645

Rea, Dist. No.

	o. COUNTY	Prince	Geor	ges MAR	YLAND	2. USUAL RESI	3.6	ere decessed y Land	l lived. If institution b. COUNTY		pefare admission)
	Capitol	(If outside corpore	ote timits, wri	te c. LENGTH OF STAT	r IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  36 Capitol Heights					
	d NAME OF HOS	Shady				6117 S		dide	Ave.		e IS RESIDENCE ON A FAPM? YES NO
	B. NAME OF DECEASED (Type or print)	MARY	First	ANN	L	AUGHTON	t	4. DATE OF DEATH	OCTOBEH		Day Year . 19 58
	FEMALE	MHTJ	E WIDO	ARRIED NEVER MARR	ED 🔲	8. DATE OF BIRT	10,1		9. AGE (In years last by Ihday) yrs	Manths Da	EAR IF UNDER 24 HRS ys Hours Min
	Housew	ION (Give kind of orking life, even if 11 e	work dane tretired)	06. KIND OF BUSINESS ON ONE	OR INDU	Mar	ylan	d	ountry)	U.S	A .
	3. FATHER'S NAME					14. MOTHER'S					
	Francis		6/				iie W	achsi	nuth		
	S WAS DECEASED E	VER IN U. S. ARME   (If yes, give wor or d	D FORCES?	16 SOCIAL SECURITY NO		NFORMANT		т	Adde		
		<u> </u>		None	M	r Lyman	ı J.	Laugl	nton-3re	d- Son	-Same as
	PART I. D	EATH WAS CAUSE IMMEDIATE CA	D BY: USE (o)	focul (c)	cor	ouar	90	reen	luco: c	rev	NTERVAL BETWEEN
	Conditions, if	ony, which )	(b)	Anterio	Jol	crol	c/	lecor	+ Ais	eare	
	cause (a), stating the under- lying cause last.    Cause (b), stating the under-										
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOT 19 WAS AUTOPSY										
	3										PERFORMED?
	5 ME EITHER, NOTIL	VAS UNDERLYING IG  CAUSE OF D Y MEDICAL EXAMI	DEATH DEATH INER)	DESCRIBE HOW INJURY (	OCCURRE	CEnter noture o	f injury in P	art I ar Port	Il of item 18.)		
	20c. TIME OF INJU		wi	d. INJURY OCCURRED	20e. Pt/ foc	ACE OF INJURY (I tary, street, office	tome, form, bldg., etc.)	20f. (City	or fawn)	(Coun	(State)
	21. I certify	that I attended	d the dece	eased from		19.48	, to_//	7-24	7- 1958	that I last	saw the decease
	alive on	0-28 -	19	958, and that	t death	occurred at.	Zory	M, from	the causes a	nd on the	date stated above
	ACTUAL SIGNATURE	Pete	2 11	lleg		MD. 6/2			reet, city or town,		DATE SIGNE
	PHYSICIAN'S NAME (Type)					Cla	frid	fal	Keigh	to	Fld.
7	BURIAL CREMAT			58 FOR	ETERY OF	ncoln		27d. 19CAT	on (City fown, o	r cauntyl-	(Stote)
2	LEE FUNE		E - V	ADDRESS ASHINGTON	,D.C			8Y REGISTI		TRAR'S SIGNA	





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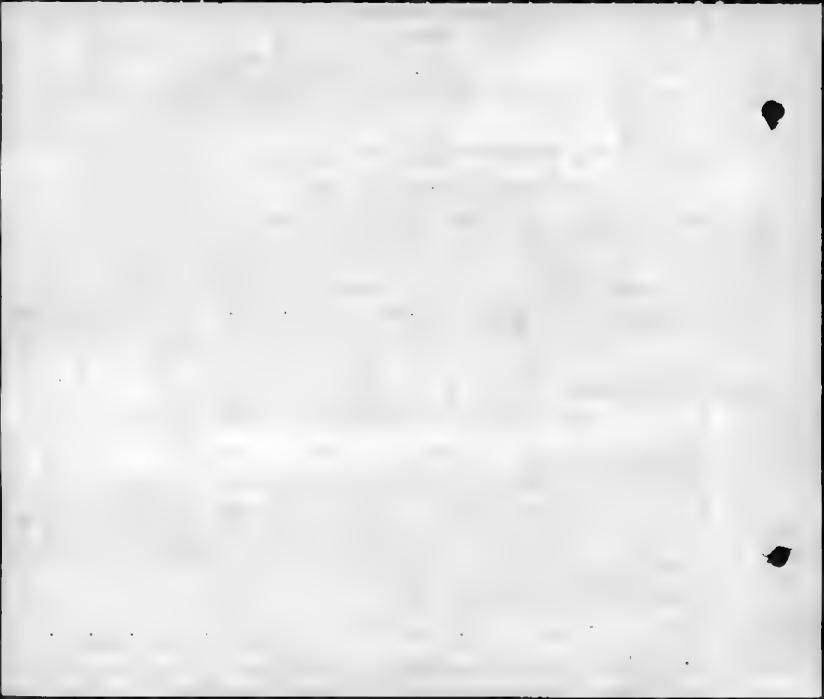
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11686

**CERTIFICATE OF DEATH** 

11647

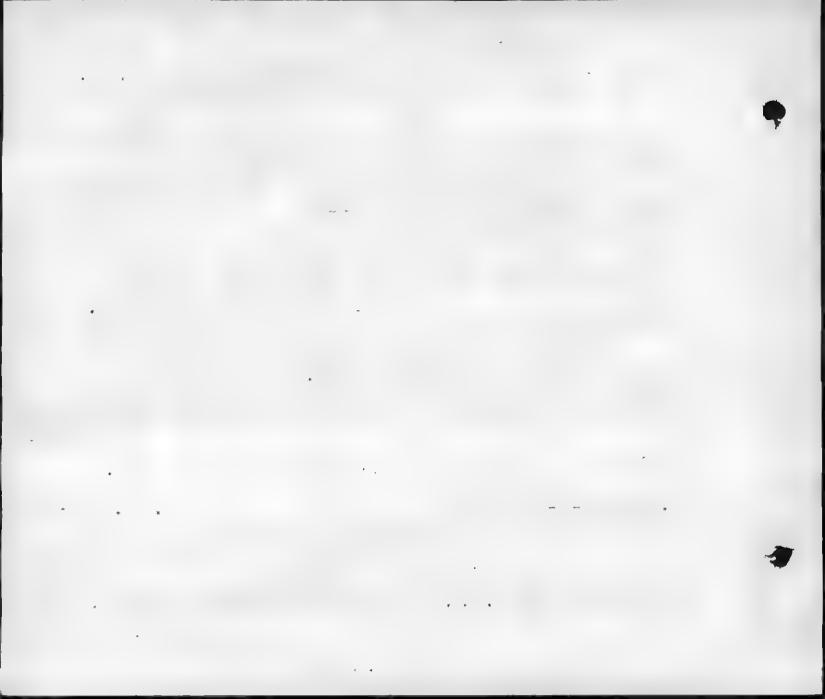
					16.0	ig. Dist. 140.	
1. PLACE OF DEATH	. 1 0	MARYLAND	2 USUAL RESID	DENCE (Where deceased	lived. If institution: I	Residence before o	dmission)
4410			14	drycan	- Sti	ACI ACO	(E)
b. CITY OR TOWN (If a RURAL and give near	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR 1	OWN outside corpor	ote limits, write RURA	L and give rearest	fown)
(m) // " " /	leights Dr.	1900	1 Co /	ere Here	At .		
	(If not in hospital, give street		d. STREET A	DDRESS		e. 15	S RESIDENCE
n . n . n . n . n . n . n . n . n . n .	olleas Heich	My	17003	Collegi	Leight &		ON A FARM?
3 NAME OF DECEASED	J First	Middle	/ Los	4. DATE	Month	Day	Year
(Type or print)	Foliand	Vener >	ushon	OF DEATH	Chat	11	19 57
5. SEX 6	6. COLOR OR RACE 7. MARI	NEVER MARRIED	B DATE OF BIRTH	1		UNDER I YEAR IF	UNDER 24 HRS
M	WIDOW		Dec. 2	7. 1901		onths Days H	ours Min.
10a. USUAL OCCUPATION  dyring most of working	(Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPL	ACE (State or foreign co	untry)	12 CITIZEN OF W	VHAT COUNTRY?
3 / - //	14	anti Itara	R.	1/20	111.	4-	
13. FATHER'S NAME	a signeste in	Jan William	14. MOTHER'S	MAIDENMAME	- year	-/-	
E-/	12/1/7	7. June J	0	1 1/ 5	1. [ ]	//	
15. WAS DECEASED EVER I	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 117. 1	Ju Ju	16-465	2000/0	ja	
	yes, give wor or dates of service)	SOCIAL SECURITY NO. 17, 1	NFORMANT	MI I .	Address	- /	1 11
No	(C	11-01-8776	auld	Karlesdy	ehonan ?	003 (1/1	Kettekt
16. CAUSE OF DEATH	f [Enter only one cause per li	ne for (a), (b), and (c),]		1		INTERV	M BETWEEN
PART I. DEATH	N WAS CAUSED BY:	Printo lus	r. Kail	1118		ONSET	AND DEATH
21.1	DUE TO		1.	2000-			
Candidan is	G :	DARAGE LY	01131	,		11	71110
Conditions, if any, which gave rise to immediate (b)							1900
couse (a), stating the		lastini de	1201 1	Code de	111	120	5/11
lying couse last.	) (c)	CULLICE, X	www.	W-ANDER.	· V-		17900
PART II. OTHER	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN	IN PART 1(0) 19. V	VAS AUTOPSY ERFORMED?
3							S NO NO
20g. ACCIDENT WAS	UNDERLYING 206. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of	injury in Part t or Part	II of item 18.)		
20d. ACCIDENT WAS OR CONTRIBUTING C (IF EITHER, NOTIFY MI	EDICAL EXAMINER)						
		NJURY OCCURRED 20e. PL	ACE OF INJURY (	tome, form, 20f. (City	nr. town)	(County)	(Stote)
Z 20c. TIME OF INJURY Howr a. ft. p. m.	While	Not while for	clary, street, office	bidg., etc.)	or rowing	(County)	(Sigle)
₹ p. m.	it of wor	k of work					
21. I certify that	(1 a)tended the deceas	ed from 570	19 5	10 9-1	6 , 19 58#	nat I last saw	the deceased
alive on 9	-26 120	$\mathbb{S}_{-}$ and that death	occurred at	RAC M. fram	the causes and		
11/2	/ 1 /	17/1			eet, city or town, state		PATE SIGNED
ACTUAL	While Y	William	м.D. <u>Ж</u>	44049	Meensbi	us Kro	X
PHYSICIAN'S NAME (Type)	COULANDF	WILKILSON		Kuzh	"ale h	re	·
220. BURIAL, CREMATION,	226. DATE THEREOF	27c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATI	ON (City, town, or co	ounty)	(State)
Cremation	10/21/58	Ft. Lincoln			2.0	Pr. Geo.	Md.
23. FUNERAL DIRECTOR'S		ADORESS	3	24a. REC'D BY REGISTR		R'S SIGNATURE	2200
F. Gasch's S							
		,		DATE ()C7 2 4 '5	Christa	M. S. Thank	



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0	exe	4 should be for the ed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relained far filles	E O	20
5 TO BEPUTY MEDICAL, EXAMINER: This certificate should 🔤 executed within 24 hours ofter danth. If any delay is necessary, ples	execute the certain a, writing the word "pending" in pencit in Item 18. Give Pages 1, 2, and 3 to the funeral director. Po		12 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board Thousand	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.
YS.	A	15/	ME	

) Pi	LACE OF DEATH	Prince	George	• es	MAI	RYLAND	2 USUAL RE 0 STATE		Where decease		If institute		Geo	
b.	CITY OR TOWN I	If eviside corporate fi	mils, write RLR	AL C. L	ENGTH OF STA	1	c. CITY OF	Bowi	autside corp	orota limi	Is, write R	URAL and	d give ner	srest town)
d	NAME OF HOSPI	AL OR INSTITU L3th Str		I in hospital,	give street odds	ress)	d STREET		and Ma	ple	Avenu	16		IS RES DE ON A FAI YES NO
(1)	IAME OF FECEASED Type or print)	Glo	First <b>ria</b> ,	Eli	zabeth	Ly	les les	I	4. DATE OF DEATH	Oc	Month	2	Doy	Yeor
	Female	color	ed w	DOWED [	DIVORCE		4-9-56	·		9 AGE (le lost birth	4- 1	Months		F UNDER 24 Havri Min
10a. di	usual occupation working mout of working	ON (Give kind ong life, even if r	f work done etired)	105 KIND	OF BUS NESS O	R INDUSTR		ACE (Stote	_	iuniry)		12 CITI		WHAT COU
13. /	FATHER'S NAME CL	rence	Sylve	ster ]	Lyle		14. MOTHER'S		<sub>VAME</sub> <b>Elizab</b>	eth	Dani	iel		
15. <sup>3</sup>  Yes,	MAS DECEASED E	/ER IN U. S. ARA	AED FORCES	16. SOCI	AL SECURITY NO		ery Eli	zabet	Danie		Address	addr	<b>ess</b> .	
-1	PART I. DEA	TH WAS CAUSE	D BY:		Asphyria	<b>a</b>								
- 1	Conditions, if a gave rise to imme (a), stating the	IMMEDIATE CA ony, which diate cause	USE (e)		Asphyxia Inhalat:		f smoke	•				-		
	Conditions, if a gave rise to imme (a), stating the couse last.	IMMEDIATE CA ony, which diate cause	(b) (b) (c)		Inhalat	ion o			NAL DISEASE	CONDIT	on give)	N IN PART		PERFORME
CERTIFICATION	Conditions, if a gave rise to imme (a), stating the couse last.	IMMEDIATE CA	USE (e)  (b)  UE TO  (c)  ST COND TIC	ONS CONTR:	Inhalat	ion o	OT RELATED TO	THE TERM	onflag	of item 18	}	****	YE	PERFORME
CAL CERTIFICATION	Conditions, if of gave rise to imme (a), stating the couse last,  PART II, OT	IMMEDIATE CA	USE (e)  (b)  UE TO  (c)  ST COND TIC	ONS CONTR:	Inhalat	URRED. (En	OT RELATED TO	THE TERM  To C  Home, form	onflag	ratio	on in	lon (Cou	YE niy)	PERFORME S NC
MEDICAL CERTIFICATION	Conditions, if of gave rise to imme (a), stating the couse last.  PART II, OT  200. EXTERNAL CA PRIMARY LEO CO CAUSE OF DEATH 200. TIME OF INJU- Hour D. m. 21. I certify !	IMMEDIATE CA	USE (e)  (b)  (b)  (c)  20b Di  20b Di  20b Di  Arge of	ESCRIBE HOV  Suff  20d. INJUR  While of work  the remo	Inhalat:  BUTING TO DEA  W INJURY OCCI  Focated  Y OCCURRED  Not white of work  Jins describe	URRED. (En foctor he ed obov	of RELATED TO OOR due TE OF INJURY ( Try, street, office OUSE Ve, held on	to C Home, forme bidg., etc.	onflag	ration land ration or town)  ie	Pr.	Coo Geo.	YE	PERFORME S NO (S
MEDICAL CERTIFICATION	Conditions, if of gave rise to imme (a), stating the couse last.  PART II, OT  200. EXTERNAL CA PRIMARY DAY CO CAUSE OF DEATH  Hour D. M.	IMMEDIATE CA	USE (e)  (b)  (b)  (c)  20b Di  20b Di  20b Di  Arge of	ESCRIBE HOV  Suff  20d. INJUR  While of work  the remo	Inhalat:  BUTING TO DEA  W INJURY OCCI  Focated  Y OCCURRED  Not white of work  Jins describe	URRED. (En foctor he ed obov	or related to	to C Home, form a bidg., etc.	onflag	ration land ration or town)  ie	Pr.	Coo Geo.	nonner	erforme S No
MEDICAL CERTIFICATION	Conditions, if gave rise to imme (a), stating the couse last.  PART II, OT  200. EXTERNAL CA PRIMARY IN COCCAUSE OF DEATH  200 TIME OF INJU- Hour o. m.  21. I certify !  opinion death  ACTUAL SIGNATURE	IMMEDIATE CA	USE (e)  (b)  (b)  (c)  20b Di  20b Di  78 harge of m: Nati	escribe Hove Suff 20d. Hours While of work 11 the remoural couse	Inhalat:  BUTING TO DEA  W INJURY OCCI  Focated  Y OCCURRED  Not white of work  Jins describe	URRED. (En foctor he ed obov	or related to	THE TERM  TO C  Home, forme bldg., etc.  Autops  AEDICAL E),  NT MEDIC	onflag	ratio	Pr.	(Cou Geo, Inquir	YE niy)	PERFORME (SI NC)  (SI MARY)  and in
MEDICAL CERTIFICATION	Conditions, if gave rise to imme (a), stating the couse last.  PART II, OT  200. EXTERNAL CA PRIMARY IN COCCAUSE OF DEATH  200 TIME OF INJU- Hour o. m.  21. I certify !  opinion death  ACTUAL SIGNATURE	IMMEDIATE CA	USE (e)  (b)  (UE TO  (c)  205 Di  205 Di  Malon	escribe Hove Sufficient While of work the remover course the property of the p	Inhalat:  BUTING TO DEA  W INJURY OCCI  Focated  Y OCCURRED  Not white of work  Jins describe	URRED. (En  TO PLAC  foctor  he ed obove  cident	or related to one due	THE TERM  TO C  Home, forme bldg., etc.  Autops  AEDICAL E),  NT MEDIC	onflag  , 201. [City  Bow  Homicide  (AMINER    AL EXAMINER    22d LOCAT	or fown)  ie  spectio  , L	Pr.	Geo. Inquirmined m	nonner	PERFORME S NO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11649 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on) o COUNTY o. STATE **b.** COUNTY MARYLAND b CITY OR TOWN (if outside corporate limits, write) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If purside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) Mt. Rainier d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Jucenstown Dr. Apt.3)3 YES NO IX NAME OF 4. DATE OF First Middle Month Day Year DECEASED (Type or print) DEATH 190 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH P. AGE (In years Lest Wirthdoy) IF UNDER I YEAR IF UNDER 24 HRS nd campletely on papers. Pe death. Months Days Min. WIDOWED [ DIVORCED [ yrs. 10a USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY CITIZEN OF WHAT COUNTRY? during mast of Porking life, even if retired) puo l 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME g physician cemave carb haurs IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address attending 18 CAUSE OF DEATH [Enter only one couse per line for (d), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY JAMEDIATE CAUSE (0) DUE TO Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) Haur o. m. factory, street, office bldg., etc.) While Not while 19 p. m. of work of work 21 I certify that I attended the deceased fram 1920, that I last saw the deceased and that death occurred at ... M, fram the causes and on the date stated above ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE è DIRE prior 3 should may be refai PHYSICIAN'S NAME (Type) BURIAL CREMAT ON, 226 DATE THEREOF 22c NAME OF CEMETERYSOR-CREMATORY 238. LOCATION/(City, toyn, or county) page (Stote) RPMOYAL (Spacific? he 0 FUDIERAL DIRECTOR SIGNATUR 24a. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE a. Thur S. Kraus VS A15 (4) DATE 15M 10/57



after death.

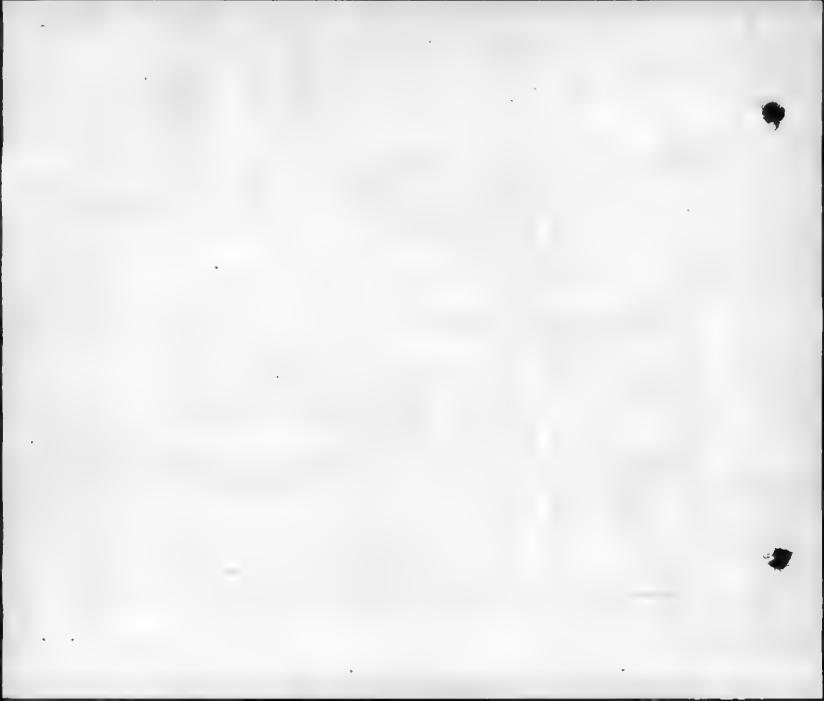


VS A15ME 5M 2/57

2

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Keg. Dist, No
PLACE OF BEATH	2 USUAL RESIDENCE (White deceased lived If institution, Sendence before admission)
MARYLAND MARYLAND	o STATE YNO! 6 COUNTY Par Sco
b CITY OR TOWN (II autside corps of the wr o ICM. c. LENGTH OF STAY IN 16 and give neares) flows)	c. CITY OR TOWY (If outside corporate limits, write RURAL and gurl nearest town)
chevery	yen woun
NAME OF HOSPITAL ON NST TUTION (If not no hospital, give skeet oddress)	d STREET ADDRESS
Times Ferses Zen. Hash	Seo Talma & glendudine 1 NO 1
3. YRAME OF DECEASED First Middle CAN	Lost of Manth partowayeou
5. SEX_ A TO COLOR OR BACE TO MARRIED TO NEVER MARRIED TO B 8	ahoney DEATH 10-1- 1858
S. SEA   6 COLOR OR PACE   MARRIED   NEVER MARRIED   8 E	PAGE IN THE OF BIRTH  P AGE IN YEAR IF UNDER 24 HR INDIAN IN INDIAN
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or Toreign country) 12 CITIZEN OF WHAT COUNTRY?
or na most of waking life, even if retired	121 J- 118 C
13_EATHER'S NAME	4. MOTHER'S MAIDEN-MAKE
Benzamini Ford	9.11.0-13
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 MAP	ORMANT Address , 2 // O/
[Yeshanger unkatedn] ,If yes, give was or do es al service]	Manual Told 1401- 1 sell teach
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	JINTERVAL BETWIEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ONSEY AND DEATH
DUE TO D	
Conditions, if ony, which) (b) (archivase	ylar renal diseases
gove rise to immediate cause (a), stating the underlying DUE TO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
[3]	YES NO NO
206 DESCRIBE HOW INJURY OCCURRED (Entitle PRIMARY ) or CONTRIBUTING   206 DESCRIBE HOW INJURY OCCURRED (Entitle PRIMARY ) or CONTRIBUTING   207 DESCRIBE HOW INJURY OCCURRED (Entitle PRIMARY ) or CONTRIBUTION   208 DESCRIBE HOW INJURY OCCURRED (Entitle PRIMARY )   208 DESCRIBE HOW INJURY )   208 DESCRIBE HOW INJUR	tr nature of injury in Port ( or Port )) of item 18.)
	AT BEILDEN M
Hour a.m. While Not while factors	OF INJURY (Home, form, 20f. (City or town) (County) (State), street, affice bldg , etc.)
21. I certify that I took charge of the remains described above	
opinion death resulted from. Natural couses Accident	, Suicide , Homicide , Undetermined monner
ACTUAL John J Alla Vonus	CHIEF MEDICAL EXAMINER D. DATE SIGNED
SIGNATURE PARTIES	A.D. CHIEF MEDICAL EXAMINER (1)  ASSISTANT MEDICAL EXAMINER (1)
NAME (Type) JA HNT- MALDNEW M.T.	DEPUTY MEDICAL EXAMINER S / 1-1-58
220. BUR AL CREMATION 226 DAYE THEREOF 22c NAME OF CEMETERY OR CE	IEMATORY 22d LOCATION (City, town, or county) [Stote]
Burial 10-4-58 Woodlawn Cer	metery Washington. D. C.
73. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR S SIGNATURE
John T. Rhines & Co. 3015 12th S	t., NEDATE OCT 6 '58 Orthur S. Knows



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, MI 11652 **CERTIFICATE OF DEATH** Reg. Dist. No.

I director, filed with

requires that the death certificate be executed within 24 hours after death.

and completely filled

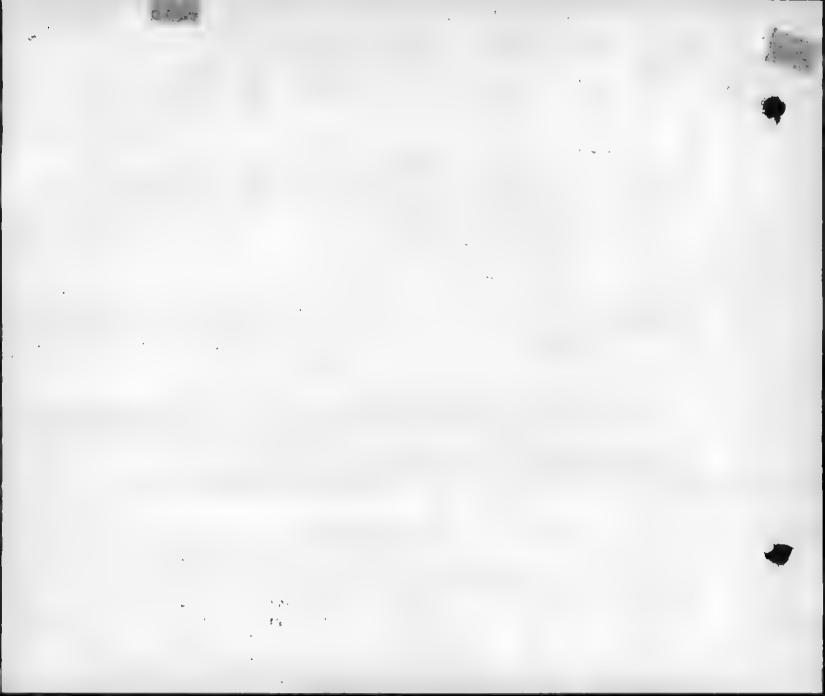
O FUNERAL DIRECT. After this certificate has been signed by the attending physician all complet page 3 should be cofoched for use as the burial-transit permit. Then please remove carban-pape(s) the registrar prior to burial, cramatian, ar removal, and in any event within 72 hours after/death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw

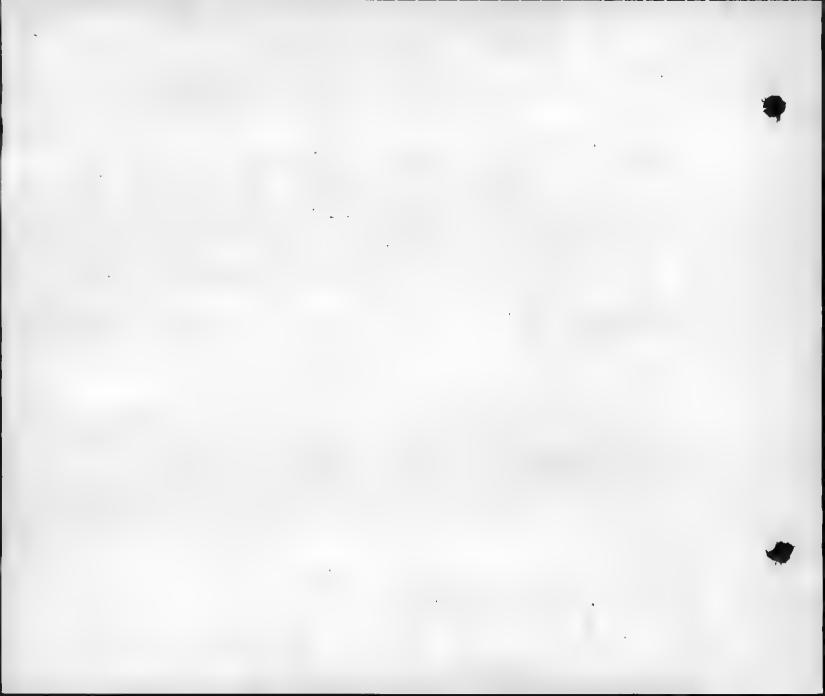
moy be retoined b

VS A15 (4) 15M 10/57

1 (	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	Gune Schniger MARYLAN	mangland James Ground
- 1	b. CITY OR TOWN (if outside corporate limits, write) c. LENGTH OF STAY IN I	b c CITY ORTOWN (If outside corporale limits, write RURAL and give nearest town)
	Chircles ml. DOA.	X List Repeat
,	d NAME OF HOSPITAL (If not in trospital, give street oddress)	d STREET ADDRESS e. IS RESIDENCE
	OR INSTITUTION	ON A FARM?
_	Vinite ser sun in que	YES NO [
	NAME OF DECEASED First Middle	Lost A DATE Month Day Year
	(Type or print) + KWIN + NGRH	HAM MAIN DEATH autotu 4 195
5. 5	SEX 6. COLOR OR RACE 7 MARRIED THEYER MARRIED	8 DATE OF BIRTH 9 AGE (in years IF UNDER ) YEAR IF UNDER 24 HR
	hule White WIDOWED DIVORCED	Cure 16, 1896 ( ) yrs Months Days Hours Min
0e	2. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IN	
	during most of working life, even if retired)	2001 - 10-
_	more many	water to by m.
۵.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Kancon V. Main	milian dimin
		7 INFORMANT Address ATTL
1101	15. No. or unknown) (If yes, give wor or dates of service) 218-34-59/1	7 hu me - 6828 am with Are
_	IN CAUSE OF DEATH SEAL AND	1 minutes of the contract of t
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (6)	viving accused 1- 1 hs
	DUE TO	
	Conditions, if ony, which ) (b) / typulure	ive CVR dersense 10 year
	gove rise to immediate couse (a), storing the under-	1 3- 3 11 1-
	lying couse lost.	will million William
z	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 VAS AUTOPS
CATION		PERFORMED?
ů.	20. ACCIDENT WAS INDERIVING ET 20. DESCRIPTION INDIVIDUAL OF COM-	YES NO
ERT	1 OR CONTRIBUTING 1.1 CAUSE OF DEATH I	RRED. (Enter noture of injury in Port I or Port II of item 18.)
I CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. Hour o. m. While Not while	PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote factory, street, office bldg, etc.)
WE!	Hour o. m.  p. m.  19 While Not while of work of work	incorp, moor, orrespondy, etc.)
		15 mile. 0144.5V.
	21. I certify that I attended the deceased from	1970, to 1970, to 1981, that I last sow the decea
	alive on Court Two 5, 19 1/1, and that dec	ath accurred at IQ AM, from the causes and on the date stated abo
	)(10 B	ADDRESS (Street, city or town, stote) DATE SIG
	SIGNATURE William Drawing	JMD. GILY Central Are
	aurename 1.1'll and Parit	1 A STATE OF THE S
	PHYSICIAN'S WILLIAM BRAINI	N Carletot Hereby had
220	BURIAL CREMATION, 226 DAJE THEREOF 220 NAME OF CEMETERS	Y OR CREMATORY 22d IOCATION (CDx. town, or county) 2 (Stoles)
	ATMOVAL (Specify) 1017/	near long land
- 4	O CONTINUE OF INDIVERSITY	WEL CETT DENT NEETS WITH TO GO CO!
3	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
1/	1/1/1 [ M and West ) 1/1 5 XO/ ( 8 1/1)	TO A C DATE 7 '58 C Jung & Knows



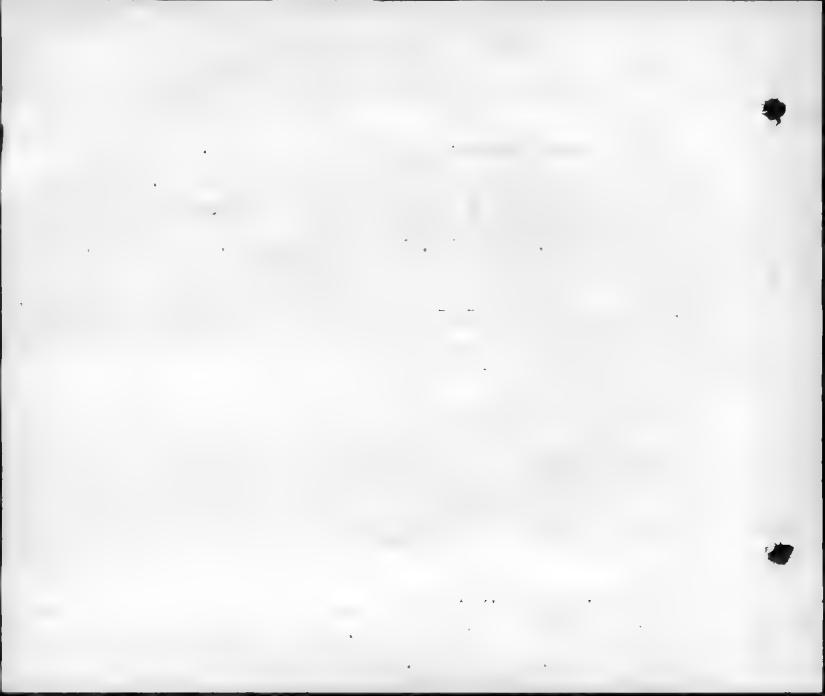
4	M		RTMENT OF HEALT	H-BALTIMORE, 18	4400
犯		11653 CERTI	FICATE OF DEATI	H Reg	Dist. No. 11654
1	PLACE OF PEATH  O. COUNTY  Prince George	MARY		here deceased lived. If institution, Re b COUNTY Prince George	sidence before admission)
1	b CITY OR TOWN (If outside corpo RURAL and give nearest lown)	role limits, write c. LENGTH OF STAY	IN 16 c. CITY OR TOWN (IF	oulside corporale fimits, write RURAL	and give nearest town)
$\vdash$	Cheverly	l Days	X Rogers Hei	ghts	
	OR INSTITUTION Prince George Ge		5026-56th	A	e IS RESIDENCE ON A FARM? YES NO T
3	NAME OF	First Middle	lost	4. DATE Month	Day Year
	DECEASED (Type or print)	John	McGinn	OF DEATH 10	15 19 58
5.	SEX 6. COLOR O	R RACE 7 MARRIED THEYER MARRI	D 8. DATE OF BIRTH	9 AGE (In years If UN lost birthday) Mon	IDER I YEAR IF UNDER 24 HRS
10.	Male White			80 yrs.	
10	during most of working life, even i	of work done 10b. KIND OF BUSINESS Of retired)	R INDUSTRY 11. BIRTHPLACE (STOTE	or foreign country)	CITIZEN OF WHAT COUNT
13.	FATHER'S NAME	yank Prasa	14. MOTHER'S MAIDEN I	NAME	WIS.
	atrick	medina	Cathe	rine Me.	aleer
15.	WAS DECEASED EVER IN U. S. ARM	AED FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT	Address	a above
1	es spanish a	ma	mary Ext	treune me	Time
1	18 CAUSE OF PEATH SENTER ONL	y ane cause per line far (a), (b), and (c)	, /		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE C	AUSE (o)	in y presseno	Tuk	
	430,0	DUE TO	kine Ina	Allo for	
	Conditions, if ony, which gove rise to immediate	DUE TO	15 V-C 1124	79 XIII Chare	
	couse (a), stating the under-		clerote he	earl Olivean	
CATION	PANT II. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	PART 1(a) 19 WAS AUTOPSY PERFORMED?
FICA	-y				YES NO
CERTI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	G LI 206 DESCRIBE HOW INJURY O MINER)	CCURRED. (Enter nature of injury in	Part I or Part II of item 18.)	
SAL	20c. TIME OF INJURY Month, D	oy, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY IHome, form foctory, street, office bidg , etc	n,   20f. (City or lown)	(County) (State
MEDI	p. m.	19 Of work Of work	recory, sinces, office blog , etc		
	21. I certify that I attende		10 , 1958, 10 [	'cf /541 1951 tha	t I lost saw the deceas
	alive on Oct 1541	, 12, and that	death occurred all:30	M, from the couses and o	n the date stated abo
	ACTUAL SIGNATURE 1/4 /) C.	1 1012 CV:	2711	ADDRESS (Street, city or town, state)	DATE SIGN
1	,	1000,0000	M D	MANUAL INVEN	VE
'_	PHYSICIAN'S NAME (Type) Dr. T/L	L BERGEMANI	Y HYA:	TTSVILLE,	Md.
no	BURIAL, CREMATION, 226. DATE	THEREOF 22 NAME OF CEMI	TERY OR CREMATORY	22d LOCATION (City, town, or cour	ty) S (Store)
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	on raccovar	D BY REGISTRAR 24b. PEGISTRAR	SIGNATURE
7	alley's Frenc	al Home &	ne. DATE JE	721 20	
1	2 1 1 2 2	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		(140	A TOWN



VS A15 (4) 15M 10/57

MARYLAND STAT	TE DEPARTMENT	OF HEALTH-BALTIMORE,	18
11650	CERTIFICATE	OF DEATH	

	*****	CERTIFIC	AIL OF DEAT	<u> </u>	Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (V		I If institution Residence	before admission)
	ce Georges	MARYLAND	o. STATE Maryla	nd	b. COUNTY Prince	Georges
b CITY OR TOWN (	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF	outside corporate la	mits, write RURAL and give	
RURAL and give n		1h hr	x5706	Che verly	r	
	FAL (If not in hospital give street		, d. STREET ADDRESS			e. IS RESIDENCE
man A	-	ral Hospital	5706 N	ewton St		ON A FARM? YES NO NO
3. NAME OF	First	Middle	Lost		Month	1
(Type or print)	Edward	Joseph	McHugh	4. DATE OF DEATH	Oct.	26 19 58
5. SEX	6. COLOR OR RACE 7 MARI		8. DATE OF BIRTH			EAR IF UNDER 24 HRS.
Male	White WIDOW			losi	birthday) Months Do	ays Hours Min
Male	1 112000 0 0		7 NOV 1906		1 yrs	EN OF WHAT COUNTRY
during most of wor	ON (Give kind of work done 10b. king life, even if retired)	U.S. Govt.	77.3	e or toreign coomity)	12. CIII2	
13. FATHER'S NAME	sor, Ins, Clair	ns Dept.	Kingsto	on, ra.		U.S.A.
	Joseph McHug	h				
	R IN U. S. ARMED FORCES? 16.		Mary M	crianus		
[Yes no or uninown]	ill yes, give wor or dotes of service) i	1	INFORMANT	M - ***	Address Ch	everly.Md
W.W.# 2		11-10-0759 E	ana Arlene	mcHugh,	5706 Newto	n St.,
	ATH [Enter only one couse per li	ne for (o), (b), and (c).]		7		INTERVAL BETWEEN ONSET AND DEATH
PARI I, DEA	TH WAS CAUSED BY: [6]	up card	we use	· otem		The second
4 .	DUE TO		81.	.2 ,	,	
Conditions, if o	IDI. L.A.	alu sin	: 16 The	Anh o	to cenden	
gove rise to i couse (o), stating		4 4	1 P P 1.	0		
ly ng couse lost.	(c) 42	anch 16	The ligh	· Cer.	astery	
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERA	MINAL DISEASE CON	DITION GIVEN IN PAIR	PERFORMED?
20a. ACC DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   20b. DES   CAUSE OF DEATH   MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED (Enter noture of injury in	Port I or Port II of i	item 1B ]	
20c. TIME OF INJUR	While	_ Not while fi	LACE OF INJURY (Home, for actory, street, office bldg., et	m, 20f. (Cily or tov	wn) (Cou	inly) (Stole)
	19 of wor	777				
21. I certify th	at I attended the deceas	ed from 10/25	1957 10	OPG	that I los	t saw the decease
alive an	125/58 19	, and that deat	h accurred at 3 45	A.M. fram the	causes and an the	date stated above
				ADDRESS (Street, ci		DATE SIGNE
ACTUAL SIGNATURE	verm In	Afran	MD 5/02 42	morely	Rose Bloom	20/24
PHYSICIAN'S NAME (Type)	Dr. J Kauffman,	, M., D				med &
220 BURIAL CREMATIC	M, 22b DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	22d LOCATION (	City town or county)	(State)
burial	10/29/58	Arlington	Nat.Cometer		1 factor 37	a.
3. FUNERAL DIRECTOR	5 SIGNATURE		sh.D.C. 240 REC	The second secon	24b REGISTRAR'S SIGNA	
The S.H.H	nes Co 2901	Thith St M	M or	T 0 0 '59	( 11 - 9 40	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 11608 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) o. COUNTY Prince George's a. STATE aryland **b** COUNTY MARYLAND Prince George's b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hyattsville Hyattsville, Md. Md. d. NAME OF HOSPITAL (If not in haspital, give street address) e 15 RESIDENCE OR INSTITUTION 38th ave ON A FARM? YES NO THE 5309 38th ave NAME OF 4. DATE Middle Day Month Year DECEASED (Type or print) David Hazen MC Leod DEATH Oct 29 19 58-6 COLOR OR RACE 7 MARRIED NEVER MARRIED | B DATE OF BIRTH S. SEX AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS and completely on papers. Po death. Months WIDOWED | DIVORCED | May 18, 1887 male white yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY USA ion and carbon p Stone contractor self Washington D C after se remove carbo 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Christine Monroe Robert Mc Leod 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Minnie C Mc Leod . Hyattsville Md. attending IB CAUSE OF DEATH [Enter only one couse per line for (07, (b), and (g), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 420 IMMEDIATE CAUSE (o' **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO 6 couse (a), stating the underlying couse lost. (c) PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO [ 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not while of work Tol work p, m 21. I certify that I attended the deceased from 195 Z, that I last saw the deceased and that/death accurred at M, from the causes and an the date stated above ADDRESS (Street, city or lown, state) **DATE SIGNED** ACTUAL SIGNATURE should à PHYSICIAN'S NAME (Type) FUNERAL 220 BURIAL, CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) page (Stote) REMOVAL (Specify) Fort Lincoln Cemetery Colmar Manor, Md.

**ADDRESS** 

Hyattsville, Maryland.

240. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

Cothur & Haus

VS A15 (4)

23. FLINERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons



1 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
ALTH DEPT.		
* ( M )	1 6	COUNTY CO
	b	CITY OR TOWN (If outside corpora e limits, write RURAL and give negret fown)
9		Bookert. Homes sweeks washer 47x-5 1
For	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  ON A FARM ON A FARM
ined offe offe.	3. F	IAME OF First Middle Last 4. DATE Month Day Year
reformed Street	(	IAME OF First Middle Lost OF Month Doy Year Street OF OF DEATH COLF 1258
th the state of th	5. 5	
2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	4	such Color of WIDOWED   DIVORCED   Nov 18, 189/ (c) you Maries boys Hours
1 1 3 de	10a.	USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (State or foreign country)
in a significant	13.	FATHER'S NAME
PMC		la hanoren la hanoren
File		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO PRIFORMANT PR. Address Proceedings of the War of dates of pervices of the War of the W
and the second	1.00	no James M- (lain, same of
ng v ng v nd in		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
olo in property of the propert	ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) The Corcomed homenage
oring move		Conditions, if any, which) (b) (Conditions, if any, which)
		geve rise to immediate cause  [6] DUE TO  DUE TO
mine o b		couse lost. (c)
Ezor metios	NOLL	PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
or a	DIF	YES NO 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Fart II of item 18.)
Me niol	CERTIF	PRIMARY Dor CONTRIBUTING C
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d, IN.URY OCCURRED 70e PLACE OF INJURY (Home, form, 10f. (County) (State) 4 Hour o.m. White Nat white
Sign of the Control o	_	p. m, 19 at work at work
02		21. I certify that I took charge of the remains described above, held on Autopsy [], Inspection [], Inquiry [], and in my
VOR Ogen		opinion death resulted from: Natural couses [1]. Accident [], Suicide [], Hamicide [], Undetermined monner []
for-F DIREC loted o		ACTUAL SIGNATURE OL 200 S. I See Stone MEDICAL EXAMINER D
Id be		EXAMINER'S ASSISTANT MEDICAL EXAMINER D  OPPUTY MEDICAL EXAMINER D  OPPUTY MEDICAL EXAMINER D
its city	220	EURIAL CREMATION TO DATE THEREOF TO NAME OF CHMETERY OR CREMATORY 220 LOCATION (City, fown, or county). (Stoje)
100	1	1 19Cr D. 1958 (Novalown Washing on N
A15ME	23.	ADDRESS ADDRESS SIGNATURE 240 REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE OCT 7 '58
2 57	_	Multipse 1 0 1 Styl 1270, 12 Mill DATE Contract & Tracks



N.

# rol director, be filed with may be retained by the hospital or offending physician. TO FUNERAL DIRECTOR After this certificate has been signed by the offending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shot the registror prior to burial, cremation, or removal, and in any event within 72 haurs offer death.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11690

**CERTIFICATE OF DEATH** 

Don Dies M.

8		Keg. Dist, N	J.
	1. PLACE OF DEATH .  O. COUNTY PINCE GEOFGE MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before STATE b. COUNTY PRINCE	fore admission) E GEOTGE
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give no	earest lown)
	d. NAME OF HOSPITAL (if not In hospital, give street oddress) OR INSTITUTION	1 d. STREET ADDRESS 4658 CEUAR RidgE Dt.	e, IS RESIDENCE ON A FARM? YES NO 3
	3. NAME OF DECEASED (Type or print) ANNA ORAM (LATAMI) N	TEAKER 4. DATE Month OF DEATH OCL.	Poy Year
	CEMAL C White	8. DATE OF BIRTH 9 AGE (in years   IF UNDER 1 YEA   Igst birthdoy) yrs   Months Doys	R IF UNDER 24 HRS Hours Min
1	100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS during most of working life, even if retired)  HOUSE WITE	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN  CATASAUGUA PA. U.S.	OF WHAT COUNTRY?
	Charles LAramy	14. MOTHER'S MAIDEN NAME ELIZABETH ANN MEDANIF	4
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If (Yes, no. or unknown) (If yes, give wer or dates of service)	NFORMANT 5131ES Address MIGARET L. MEAKER	-
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO		TERVAL BETWEEN
	000.10	tic Heart Disease .	2 yr
	lying couse lost. (c) // d /e/(0 3 C/e	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL	19. WAS AUTOPSY
	EART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT    D   D   C   C   C   C	) SCIETUSIS"  D. (Enter nature of Injury in Port I or Port II of item 18.)	PERFORMED?
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or town) (County tory, street, office bldg., etc.) !	) (Stote)
	1/3-		
	21. I certify that I attended the deceased from 15 alive an 19 3, and that death	accurred atM, from the causes and an the do	
	ACTUAL SIGNATURE MY 12 Procession	ADDRESS (Street, city or town, state) 1635 HARVITRO	DATE SIGNED
ł	PHYSICIAN'S WYRTH POST BAKE	ER IVASITINGTON 9	00
	13 NO 15 - 3-88 NISKY H.	R CREMATORY 22d. LOCATION (City, town, or county)  BETHLE HEM.  BETHLE HEM.	PA.
	1. M. Weam Lees 300 4th ST. N.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE OCT 7'58 Orlhun 2. Ka	
1	11 WAST	, DC,	



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 11691 rol director. requires that the death certificate be executed within 24 hours after death. Page # 2 USUAL RESIDENCE (Where deceased lived. If institutions, Residence before admirpton) 1. PLACE OF DEATH may be retained to the hospital ar ottending physician. TO FUNERAL DIRM DR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 state registror prior to buriol, cremation, or removal, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low

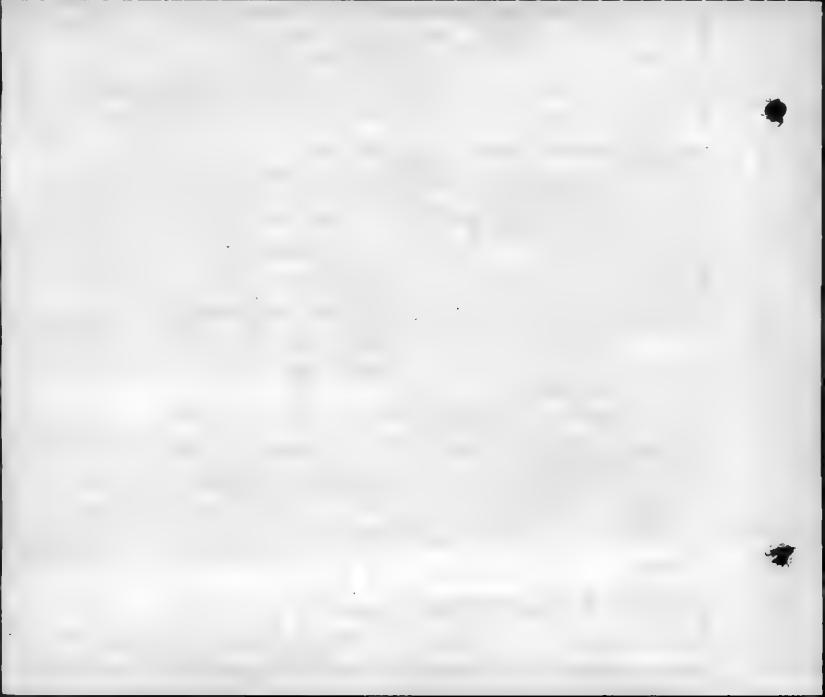
11658

Reg. Dist. No.

	O. COUNTY SIPILIZE GLOXOES MARYLAND	a. STATE	Dund	b. COUNTY	mer.	George
7	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	Bradly	autside carporat	e limits, write RURAL	and give neare	est fown)
	on NAME OF HOSPITAL (HI Not in hospital, give street oddress) OR (NSTITUTION  OR (NSTITUTION)	4815 W	7. 1	4,		IS RESIDENCE ON A FARM? YES NO X
	NAME OF DECEASED (Type or print) (NOOPE) NAME OF DANE	MOORE	4. DATE OF DEATH	C ex	Day 1 44-	Year 19.58
L	Jamale white widowed Divorced	8. DATE OF BIRTH Capril 14,	1883	Jost birthday) Mo		F UNDER 24 HRS. Haurs Min.
L	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if vetical)  At home	Virg	mia	ilry)	2. CITIZEN OF	P. A.
L	WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 12 I	14 MOTHER'S MAIDEN	Bonn,	, Ste	alba	m_
{Ye	s no or unknown) (If yes, give wer ar dolm of service) Morry M	n Frankie	Forda	7 800 b	Warre	md
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) 40 CHIOLAI	Tryincort	on			T AND DEATH
	Conditions, if any, which) (b) Concerning HT	tiero sole	2013		de	04.05
	gave rise to immediate cause (a), stating the under- lying cause last.  DUE TO  (c) LHCHAI. JED	ALREVIE	Scile A	0513	7	-
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  HAD & CORM ATRY MY TREETTAIS (A	NOT RELATED TO THE TERM	71	GETTE .		WAS AUTOPSY PERFORMED? YES & NO
L CERTIF	206 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injuty in	Part Lor Part II	of item 18 )		,
MEDICA	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 40. PL While Nat while at work 19 at work 19	ACE OF INJURY (Home, for ctary, street, affice bldg., et	m, 20f (Cily ad	(awn)	(Caunty)	(State)
	21. I certify that I attended the deceased from 5/27  alive on 9/32 1958 and that death	1958, to accurred at 227	10/1F	1958 th	at I last saw	v the deceased
	ACTUAL France J. E. Cler	41.1- 2		the couses and state of the city or lawn, state		DATE SIGNED
L	PHYSICIAN'S THOMAS F. CULLEN					6/14/58
1	BURIAL CREMATION, 176. DATE THEREOF 226 NAME OF CEMETERY OF CENTRY OF CENTRY HILL	R CREMATORY	Suit	(City, town, or-co)	Dary	(State)
23.	V. W. Ehambers 60. Washington,	DATE OF	CT 1 6 58		8. Kraus	



1	,	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1	11619 CERTIFICATE OF DEATH Reg. Dist. No.
Poge 4		1. PLACE OF DEATH  O. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If printingtion: Residence before edmission)  o. STATE  b. COUNTY  b. COUNTY
eoth:	,	b. CITY OR TOWN/IN outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the shoe		d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
haurs in by and 2		3 NAME OF First Middle Lost 4. DATE Month Day Year
hin 24 filled ages 1		THOMAS  SEX    6 COLOR OR RACE   7. MARRIED   NEVER MARRIED     8. DATE OF BIRTH   9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.
pletely ers. Pe		Male Wild WIDOWED DIVORCED 12/15-18814 The yrs. Manths Doys Haurs Min.
execut nd cam n pap death.	R	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country)  1. Master Stumber Plumbing Chester. The
cion or carbo s ofter		13. FATHER'S NAME  LINKSOWS  LINKSOWS  LINKSOWS
physic remove 2 hour	-1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address above 150 to or unknown!  15 yes, give wor or dates of service) 179-12-7087 E. S. Linica Barries 150 Address
death death the death of the de		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b)) and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
the of Then Event v		14. O DUE TO
ires the ned by ermit.		gove rise to immediate DUE TO
cian. cian. en sign ond in		Couse (a), stating the under- lying cause last.    Column   Control
The love has be visible from the love has be visible from an avoil.	•	PERFORMED? YES \( \) NO \( \)
HAN: tending ificate the bu		YES NO PORT ON THE STANDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSK of or of his cert use os		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Howr o. p. m. 19 While Not while at wark at work at
DING hospite After t hed for int, cr		21. I certify that I attended the deceased from Games, 1948 to 10/16, 1957 that I last saw the decease
ATTEN by Pre- R: R: c efact to bur		actual actual and the death occurred at 7:15 M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  DATE SIGNE
Coined Coined bould be	1	ACTUAL SIGNATURE SIGNATURE M.D. 35 Res Jah Gar New 1867/
DSPITA De rei INERA e 3 sho registro	<i>ξ</i>	220. BURIAL, CREMATION, 22b. DATE THEREOF.   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, stawn, or county) (State)
TO HO Degin	1	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24G. REC'D BY REGISTRAR 24B. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	7	Pallay's Fyneral Home Sec. DATE DET 20 38 cing & time
		mi Raines, m. 1.



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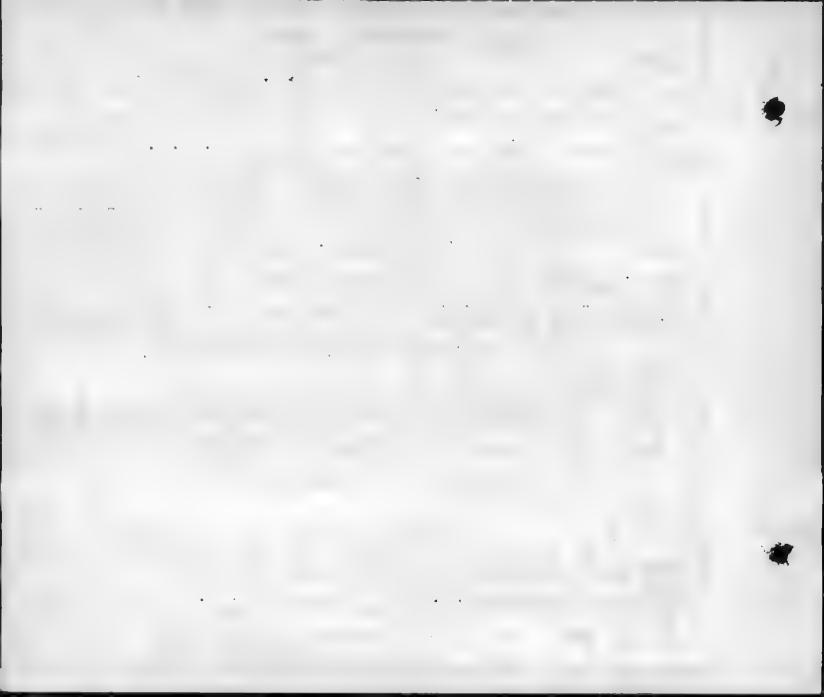
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TO HESPITAL OR LITENDINI PILLICIAN: The low requires hat the deoth certificals be elecated within 24 haus after death; may be retained by the haspital or attending physician.

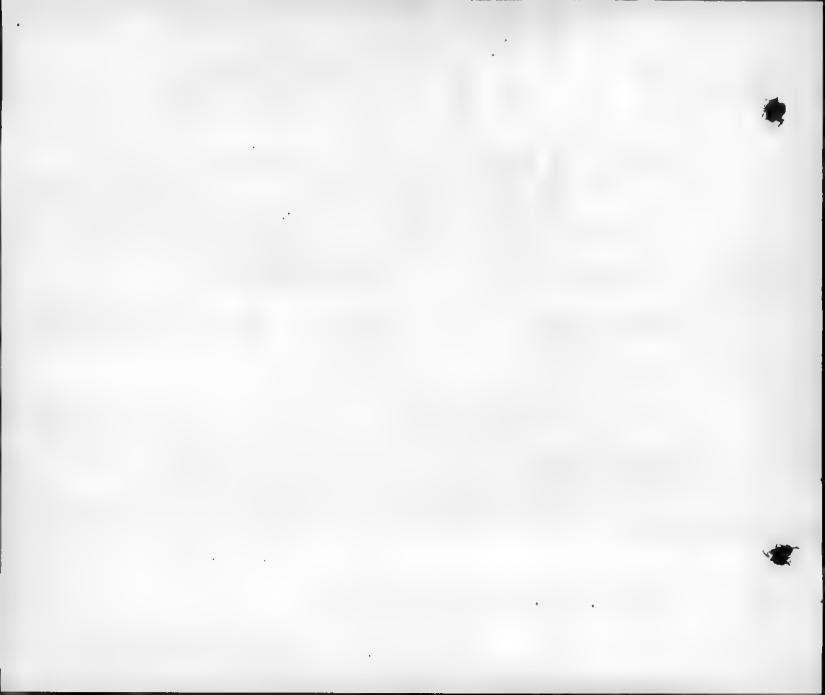
TO FUNERAL DIRECTAL PROPERAL PROPERAL PROPERTY AND A PROPERTY OF THE PROPERTY FIRST OF SHOULD BE SHOULD BE SHOULD BE SHOULD BE SHOULD BE SHOULD. Then please remove carbon papers. Pages 1 and 2 should be filled in by the filled in by the filled by the registror prior to burial, cremation, at remard, and in any event within 72 hours often death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	110	692	CERTIE	FICA	TE OF DEATH	4		Reg. Dist	1166 . No.	50
PLACE OF DEATH	nce Georg	es	MARYL	AND	2. USUAL RESIDENCE (WHO STATE	ere deceose	d lived If institution b. COUNTY	on: Residence	e before adr	mission)
b. CITY OR TOWN (IF a RURAL and give near Glenn Dale	est fgwn)	ls, write	LENGTH OF STAY I		c. CITY OR TOWN (If a	hinet		URAL ond gi	ve riegrest to	own)
d. NAME OF HOSPITAL OR INSTITUTION	uf not in hospital, g		Sdress)		d. STREET ADDRESS	4 Ord		E.		RESIDENCE N A FARM?
NAME OF DECEASED	Fü	¥l	Middle		Last	4. DATE OF DEATH		th	Doy	Year
(Type or print)		enley	-		Nelson	DÉATH	1	.0	27	19 58
. SEX	. COLOR OR RACE	7- MARRIE	D NEVER MARRIE		B. DATE OF BIRTH		9. AGE (In years last birthday)	7		NDER 24 HRS.
Male	Negro	WIDOWED	_		9/17/05		53 yrs.	Months (	Days Hou	Mîn.
during most of working	(Give kind of work	done 10b, K	IND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote	or foreign o	ountry)	12. CITIZ	EN OF WH	AT COUNTR
Cab drive			Self-emplo	yed	S. Caro	lina		175	5A	
FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
Jack C. N.	elson				Ella As	h				
WAS DECEASED EVER I	N U. S. ARMED FOR	CES? 16. SC	OCIAL SECURITY NO.	17. IN	<b>IFORMANT</b>		Addr	ess		
No	yes, give wor or opins or s		11-12-3258		Decedent		_			
Conditions, if ony, gove rise to imm couse (a), stoling the lying couse lost.  PART II. OTHER	which (b nediate DUE TO	}			Larcinoma. le Lungs, ribs,				PER	AS AUTOPSY FORMED?
PART II. OTHER 200. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)				. (Enter noture of injury in F				165	ER NO L
20c. TIME OF INJURY Hour o. rs. p. m.	Month, Doy, Yes	While at work	Not while	20e. PLA fact	CE OF INJURY (Home, form lary, street, office bldg., etc.	, 20f. (Cit)	or town)	(Co	eunly)	(Stote)
21. I certify that alive an	l attended the				0/2619 58, to occurred at 6:50	PM, from	n the causes a treet, city or town, :	nd an the		
PHYSICIAN'S NAME (Type)		Weiss			Glenn	Dale,	Md.			
OC BORLAF CHIMATION, REMOVAL (Specify)	10/29/	N	Church:	Con	neturn	ch	TION (City, town to	€ 1	Nort	6 ( 18 to
FUNERAL DIRECTOR'S S	IGNATURE '	al.	ADDRESS	V.1.	- n. 1	BY REGIST		TRAR'S SIGN	NATURE	



				MAKTI	LAND		AKIME	NI OF HEALI	H-RAL	IMORE, I	8	44004	
- 24/	1			11	1.654	CERT	IFICA	TE OF DEAT	Ή		Reg. Dist. N	11661	
Sirector Mark	1	1.	LACE OF DEATH	rince Geo		MAR	YLAND	2. USUAL RESIDENCE (V		lived. If institution b. COUNTY			
of fi	(2)		c. CITY OR TOWN (If a RURAL and give near	utside corporate limi	ils, write	c. LENGTH OF STAT	/ IN 15	c. CITY OR TOWN (	rland f outside corpor	ote limils, write Rt	JRAL ond give r	Georges regrest fown)	-
the shall	77	-	Cheverly  B. NAME OF HOSPITAL  OR INSTITUTION	(If not in haspital, g	jive street a	ddress)	rs /	distreet ADDRESS	boro			e. 15 RESIDENC ON A FARM	E
od 2	1 1		Prince Ge				li	oute 1 Bo	x 12		<u> </u>	YES NO	
174 hr			NAME OF DECEASED Type or print)	Fir Baby	rst	Middl	e	Newman	4. DATE OF DEATH	Mani October	_	Day Year	' Q
ilhin 2 Poges		5. 5	EX 6	COLOR OR RACE	7. MARRI	ED NEVER MARR	IED B.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YEA	AR IF UNDER 24 H	IRS
plete ers			Female	Negro	WIDOWE			October 10	1958	yrs.	Manths Days	9 30	
executed nd campli in papers death.		100	. USUAL OCCUPATION during most of working	(Give kind of work) Hife, even if retired	done 10b. I	CIND OF BUSINESS	OR INDUSTI	Y 11. BIRTHPLACE (Sie	ie ar fareign ca	untry)	12. CITIZEN	OF WHAT COUN	ITRY
and and ban		13	None					Mary			Unite	ed States	
		1											
physician hours of	1		WAS DECEASED EVER I	N U. S. ARMED FOR		OCIAL SECURITY NO	D. 17, INF	Elizabet ORMANT	h Swa	Addr Addr	ess		
19 p		Te	, no, or unknown) [(f	yes, give war or dates of s	ervice)								
tending please re ithin 72'			18. CAUSE OF DEATH			e far (a), (b), and (c)	-]					TERVAL BETWEEN	
the section of the se				WAS CAUSED BY:	)			Miller	Laxe	ريع	O	NSET AND DEATH	*
선수 수			762,5	DUE TO				(Ruena		1-	2	1 our	
g agit			Canditions, if any, gave rise to imn	tediate (			~	Truma	an				
o in the second			cause (a), stating the lying cause last.										
physician. as been si ial-transit aval, and		CATION				ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19 WAS AUTOP PERFORMED? YES NO	1
ending ficate h the bur ar rem		CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING [	UNDERLYING     CAUSE OF DEATH   DICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	OCCURRED.	Enter nature of injury is	n Part I ar Part	II of item 18.}			
ol or all his certi his certi r use os emation,		MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yes	While	JURY OCCURRED Not while of work	20e. PLAC facto	E OF INJURY (Home, fairy, street, office bldg., e	rm, 20f. (City	or town)	(Count	y) (Sic	ile)
Spit fier d for			21. I certify that	I attended the	decease	d fromOct.c	ber_l	0_, 19_58, 10_0	ctobar	10., 1958	.that I last	saw the dece	ased
ache Durio			alive on Octob	er 10	, 12.58	B, and that	death o	ccurred of 7.230	P_M, from	the causes a	nd an the d	ate stated ab	ave.
REC be divi	1		ACTUAL SIGNATURE	inte (	Turs	him		5301 Hans	ADDRESS (Str	eet, city ar town, s		DATE SIG	
be retained JNERAL DIR	/		PHYSICIAN'S NAME (Type) DT	John W.	Perki	ns							
ද විසු වූ මි		220 C	BURIAL CREMATION, REMOVAL (Specify) PEMBATION	226. DATE THEREO 10/16/58		22c. NAME OF CEM Prince G		rematory 's General		ON (City, tawn, o		(State)	
VS A15 (4)		-	FUNERAL DIRECTOR'S S		1.	APPRESS W	. Peni	24a. RE	C'D BY REGISTE OCT 2 2 '5	AR 246, REGIS	TRAR'S SIGNAT	URE	
15M 10/57		,	7	5 1 1	- /1	Adminis	trato	DAIE	161 6 4 3	-	21, 70		
		177	2 4 8 500	2 1 /2 1	1								



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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11000

			1160	G CERTI	FICAT	E OF DEATH	1		Reg. Dis		.002	
1.		Prince	George	,	LAND	usual Residence (Who o. STATE Maryla	and	d lived If institute b. COUNTY	on: Residence Princ	e before adm e Geoi	nission) rges	
	B. CITY OR TOWN RURAL and give Hyattsvi	neorest town) 11e, Ma	•	6 years	IN 16	5 Hyattsv			URAL and g	ive negrest to	3WA)	
	d. NAME OF HOSE OR INSTITUTION 4213	4	ospital, give stree irope St	t address)		d STREET ADDRESS	Ogle	thrope S	t	ON	RESIDENCE I A FARM? I NO X	
3	NAME OF DECEASED (Type or print)	Edna	first Lyell	Omohund:	ro	Lost	4 DATE OF DEATH	Octo	-	30,	Yeor 19 58	
5.	sex female	6 COLOR O		RRIED NEVER MARRIE		ate of Birth g 3, 1873		9. AGE (In years lost birthday) 85 yrs		Days Hou		
10	gotting most at we	TION (Give kind orking life, even in ewife	ir retired)	. KIND OF BUSINESS O	R INDUSTRY	Virgini		auntry)		ZEN OF WH	AT COUNTS	
13.	FATHER'S NAME Hen	ry E Ly	ell		1	Martha Je		es				
	WAS DECEASED EN	VER IN U. S. ARA		SOCIAL SECURITY NO	Audr	rmant ey Little	Ну	attsvill				
		IMMEDIATE C	SED BY: CAUSE (o) DUE TO (b)C	ine for (a), (b), and (c).  Yelo trej  refral-va	cho	63 10, 20e-04	ex Con	to hora,	le.ş i x	INTERVAL ONSET AN 14 0	ND DEATH	
TION	lying couse lost	g the <u>under-</u>	(c) (c) S			RELATED TO THE TERMIN			EN IN PART	1(a) 19. WA	S AUTOPSY	
CERTIFICATI	200 ACCIDENT W	VAS UNDERLYING	G CO COL	65 Fr 660	lecon					PERI	FORMED?	
MEDICAL C												
	21. I certify that Lattended the deceased from forth 14 , 1958, to DET 304 , 1958, that I last saw the decease alive on DET 30 M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE (12 ) Signature 43/4 Calle 63-CT Flags 1/5 US CLL											
	PHYSICIAN'S /	ee BE	RGEMA				Mir	9 Coco. C	(	tiller steller steller stylpe styller songer defin songe		
220	BURIAL CREMATI		THEREOF 2, 1958	22c NAME OF CEME Farnha				nham V	r county)		fole)	
23.	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		04- 05510		DAD DECIS				

24o. REC'D BY REGISTRAR

DATE NOV 3

24b REGISTRAR'S SIGNATURE

arthur S. Krous

ADDRESS

Hyattsville Md.

F. Gasch's Sons

VS A15 (4) 15M 10/57



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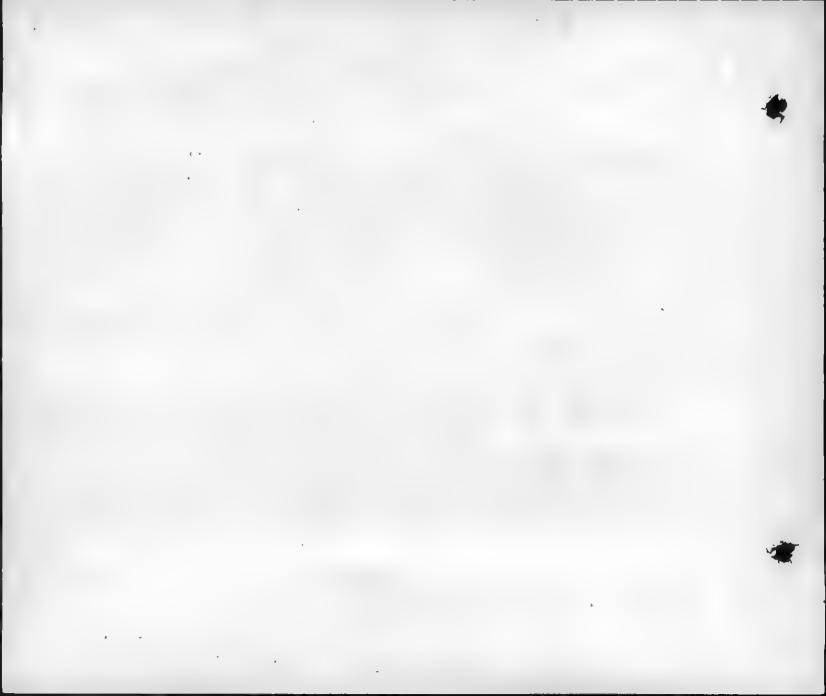
VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11055

	TTOO	O CEKITIC	,A ! !	OF DEATH	TI.		Reg. Dis	st. No.	
1 PLACE OF DEATH a COUNTY			- 11 /	USUAL RESIDENCE (W	here decease		on Resident	ce before o	dmiss on)
Prince Geo	rone	MARYLAND		Maryland		b. COUNTY	ince	Georg	ne si
b. CITY OR TOWN (f o RURAL and give near	outside corporate limits, wri	c LENGTH OF STAY IN 16		c. CITY OR TOWN (IF	outside corpo				
Cheverly				Cheverly	2				
OR INSTITUTION	L (If not in hospital, give str	eet oddress)		d. STREET ADDRESS	1				RESIDENCE
	orges Genera	<u> </u>		2713 Bell	Leview	Ave		YE	S NO
3. NAME OF DECEASED	First	Middle		Lost .	4. DATE	Mon	th	Day	Yeor
(Type or print)	Hillia	Pearl		Perkins	DEATH	Octo	ber	6	19
female	white	ARRIED NEVER MARRIED DIVORCED		ov 1, 1871	L	9. AGE (In years lost birthdoy) 86 yrs.			JNDER 24 HR
during most of working	g life, even if refired)	ON KIND OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (Stote	or foreign o	ountry)	12. CIT		HAT COUNT
House	wife	own home		Iowa				US	A
3. FATHER'S NAME	2 72 47		14	. MOTHER'S MAIDEN I					
	cob P Woods			Helen I	arr				
	IN U. S. ARMED FORCES?		INFOR			Addi	ess		
	no	none Jo	hn	B Perkins		heverly	, Md.		
18. CAUSE OF DEATH	1 [Enter only one couse pe	r line for (a), (b), and (c) ]		. )					L BETWEEN
	WAS CAUSED BY:	Oerebras	_ ^	Thromb	5 6 5 /	5		36	AND DEATH
· X	DUE TO								
Conditions, if any	, which ) (b)	Cenebral	AH	Tenlosci	Leno	515		61	405
gove rise to imm	mediote (								
fying couse lost.	(c)	GoverALI	26	L ANTEN	110561	Lenosi	S	34	eans
PART II. OTHER		NS CONTRIBUTING TO DEATH BI	UNOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	PI	VAS AUTOPSI ERFORMED?
PART II. OTHER	UNDERLYING 20b. ( 3 CAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED (Er	ler noture of injury in	Port 1 or Par	II of item 18.)			
20c. TIME OF INJURY Hour o. m.	Month, Doy, Year 20		PLACE (	F INJURY (Home, form street, office bldg., etc	n, 20f (Cily	or town)	(C	County)	(State
¥ p. m		wark Ol work							
21. I certify that	I attended the dece	eased from Sep 7. 1	5	, 195 8, to C	CT. 6	19.5	that I I	ast saw	the decea
		and Cit		orred at 1.+351	P.M. fron				
4		1/1/		/		reet, city or town,			DATE SIGN
ACTUAL SIGNATURE	men N ha	n smerce	M D	35030	Leny	st.		10	16/5
PHYSICIAN'S NAME (Type)	r. Norman Co	mean		mT Ro	iniat	mL			-##
Zo. BURIAL, CREMAT ON,		22c. NAME OF CEMETERY	OR CP	MATORY	22d LOCA1	ION (City, lown, o	or county)		(Stote)
REMOVAL (Specify)				ln Cemeter	-	lmar Mar	′′	Md.	(arthre)
3. FUNERAL DIRECTOR'S		ADDRESS			D BY REGIST		STRAR'S SIG		
F. Gage	ch's Sons F	lyattsville, M	Lall .	DATE ()			ming 8		
- • \\\	211 S - OHO 1	Jacksville, M	u.	UAIE U	Of I O		1 201	· · · · · · · · · · · · · · · · · · ·	



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR

		~ ~	000		CERTIFICA	-	OF DE		Reg. Dist. No.							
ı	1. PLACE OF DEATH a. COUNTY	E OF DEATH						CE (Wh	ere deceased		I. If institution: Residence before admission)					
1		nce Georg		MARYLAND		a. STATE	b. COUNTY	Pr. Geots.								
1	b. CITY OR TOWN (I RURAL and give no	f outside corporate lim	ts, write	c. LENG	TH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest										
1	Brandywi		17	vears	ars X Brandywine											
ı	d. NAME OF HOSPIT	'AL (If not in haspital, s	ive street	t address)			d STREET ADDR							IDENCE		
	Airport						Road	on a far.								
	3. NAME OF	Fi	13	Middle t L.			Rawlings		4. DATE	Мо	nth		Day		Year	
ı	(Type or print)	Ro	bert			1			OF DEATH		October		31, 19			
1	5. SEX	6. COLOR OR RACE					ATE OF BIRTH		<u> </u>	9. AGE (In years last birthday)		UNDER			.,	
ı	Male								02		5 O yrs. Manths Days Hours					
	10a USUAL OCCUPATIO	N (Give kind of wark	dane 10b.	KIND OF	BUSINESS OR INDU	STRY	11. BIRTHPLACE	(State	or foreign co	ountry)		12. CITIZ	EN OF	WHAT	COUNTRY	
	Tobacco	ing life, even if retired Farming	'   (	)wm :	Farm		Mary]	Lan	đ			U.	S	. A		
ı	13. FATHER'S NAME					14	. MOTHER'S MA	IDEN N	AME	-	'				-	
١	Will am	William Robert Rawlings							Annet	te "at:	g O	n				
ı	15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	- 14	ECURITY NO. 17. I	NFOR	MANT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ad	dress.	7 -		C 4	^	
ı	IVO Vien no. or unknown)	(If yes, give wor or dates of s	arvice)		i.ii.	ld:	red S.	Ray	wling	s Bra			SOX	24	6	
4	18. CAUSE OF DEA	TH (Enter anly one co	use per li	ne for (a),	(b), and (c).]								INTER	VAL BE	TWEEN	
1	PART I. DEATH WAS CAUSED BY: Carcin and train & acrema									ONSE	ONSET AND DEATH					
1		DUE TO		,		-								7770	5	
1	Conditions, if a	ny, which )	, )	Jen	Pilire	2	Land	und a ca 1 Proteta 2					لهد			
1	gove rise to immediate											9				
ı	lying couse last.	course (of, stating the under-														
1	PART II. OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBU	TING TO DEATH BUT	NOT	RELATED TO THE	E TERMI	NAL DISEASE	CONDITION GI	VEN	IN PART	l(a) 19	WAS /	AUTOPSY	
1	8				·nen	4						PERFORMED? YES NO				
1	PART II. OTH	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HO	W INJURY OCCURRE	D. (En	iter nature of inj	ury in F	ort I or Part	II of item 16.)						
1		MEDICAL EXAMINER			Phones.											
ı	20c. TIME OF INJUR	Y Month, Day, Ye		NJURY O	2	ACE (	OF INJURY (Hom	e, form.	20f. {City	or town)		(Co	unty)		(State)	
ı	Hour o. fr.	19	While of wor	k of w	white 10	0.01 5,	sireer, direct die		'							
1	21. I certify th	at I attended the	deceas	ed from	Sul		1954.	0 1	7-3/	, 19 5	281	hot I la	st sav	v the	decease	
1	alive on 16	-31	12_	28	and that death	OCC	urred at 3		-							
alive on 10-31, and that death occurred at 3-10-1 M, from the causes a																
-	SIGNATURE	Durchang VI	W	ol	en	M.D.	S	5	mle	ueni	}	ne	11	b - :	2 - 5	
	PHYSICIAN'S				_			(	>	7 0	,		-			
	NAME (Type)	13000	V	200	boin			<u></u>	In	- January	<u>~</u>	· h	<u>Q</u> ,			
	220. BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THEREC	)F	22c. N/	ME OF CEMETERY O	R CRI	MATORY		22d. LOCAT	ION (Cky,)own,	or c	ounfy)		(State	1)	
1	Eurigl	11/3/58	3		okfield	i.e	th Cem		Navl	or			Md			
	23. FUNERAL DIRECTOR	~ ~	071		boro. Ed		240	a. REC'C	BY REGISTI	RAR 24b. REG	ISTR/	AR'S SIGN	JATURE			
	Ritchie	Bros. Upp	er 1	. 411	001.0 1 1"rr		DA	TE NO	V.S. '5	8 0	πt.	18.7	Teaus	L		



death.

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TRY?

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	4 1 1		CERTIFICATE OF		eg. Dist. No.
	PLACE OF DEATH d. COUNTY  Prince George's  C. CITY OR TOWN (It outside corporate amily, write RUFAL and give charges) found	MARYLAND c. LENGTH OF STAY IN 16	2. USUAL RESIDENCE (Where deceded a STATE Maryland c. CITY OR TOWN (If outside co	b COUNTY	Residence before admission) ince George's
3. 5.	Cheverly d NAME OF HOSPITAL OR INSTITUTION (Find in his rince George's General Ho PARTICE George's General Ho PARTICE GEORGE GENERAL HO PARTICE GEORGE GENERAL HOSE  SEX 6. COLOR OR RACE 7. MAR WIDOW PARTICE White Wind of work done 10b during most of working life, even if retired)	Middle  Menics Recommended  NEVER MARRIED  BY DIVORCED  KIND OF BUSINESS OR INDUSTRI	d STREET ADDRESS  6910 George Pal  Lost 4. DATE OF DEATH DATE OF BIRTH  9/17/90  11. BIRTHPLACE (Stole or foreign	Mer Highway Month October  9. AGE (In years lest birthday) 68 yrs	Day Year  26  NDER TYEAR IF LINDER 24 Hours Min.  C. CITIZEN OF WHAT COUN
15.	Housewife Father's NAME  Pietro Guiliere  WAS DECASED EVER IN U. S. ARMED FORCES? 1  If yes, give wor or do'es of service)  no			cia 3110 Rittenh Washington,	ouse N.W.
	PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)  HH 2  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last,	e for (o), (b), and (c), ]	re heart failure		INTERVAL BEIWIEN ONSER AND DEATH
WEDICAL CERTIFICATION	PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.  20c. TIME OF INJURY   Month, Day, Year   20c   Hour   o, m,   WI	BE HOW INJURY OCCURRED. (E.	OT RELATED TO THE TERMINAL DISEA niter nature of injury in Part 1 or Part I CE OF INJURY (Home, form, iry, street, affice bldg., etc.)	It of item 18 ]	PART I(a) 19. WAS AUTOP PERFORMED? YES NO
N.E.	21. I certify that I took charge of the opinion death resulted from: Noturo:  ACTUAL SIGNATURE AND DESCRIPTION OF THE OPEN OF		- ' ' ' '	e [], Undetermin	ond in led monner DATE SIGNED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the cert.

4. should be four acted to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burief-transit permit. File pages 1 and 2 with the State Band or its designated agent, priar to burief, cremation, or remayed, and in any event, within 22 hours ofter death.

FOR STATE HEALTH DEPT.

1 3

VS ALSME

James I. Boyd

EXAMINER'S NAME (Type)

23. FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

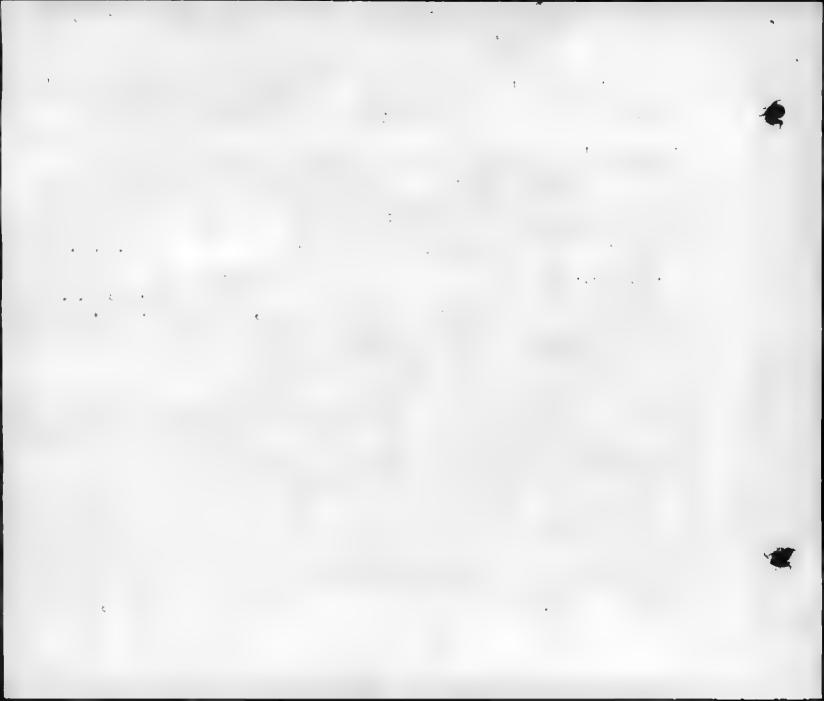
ADDRESS

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINED

DATE OCT 2 9 '58

October 27, 1958 22d LOCATION (City, tawn, or county)

246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR



11667

e. IS RESIDENCE ON A FARM? YES IN NO I

Hours

INTERVAL RETWEEN ONSET AND DEATH

16.2

WAS AUTOPSY PERFORMED? YES INO IR

(Stote)

(State)

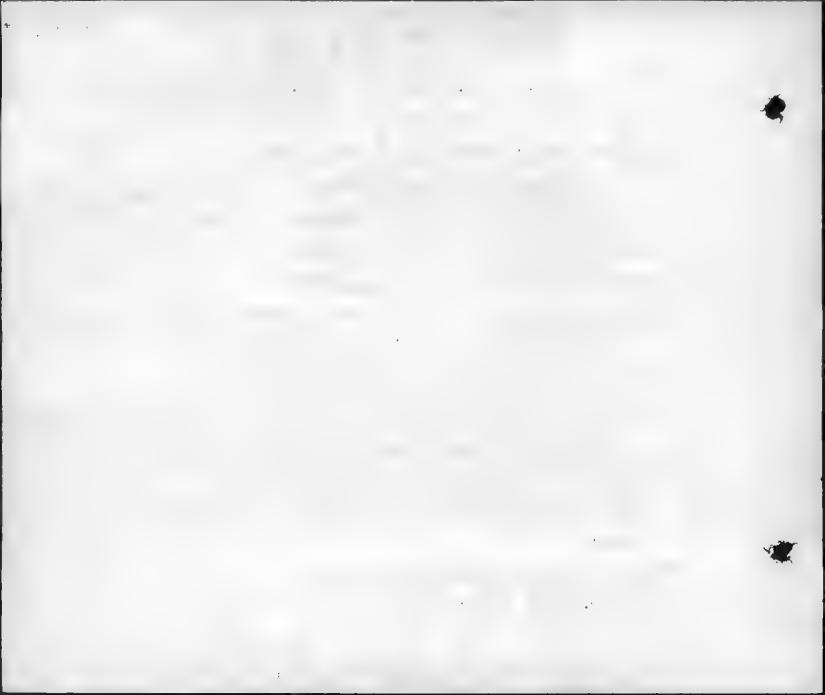
Dovs

(County)

Year

1958

Rea. Dist. No.



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11694 CERTIFICATE OF DEATH

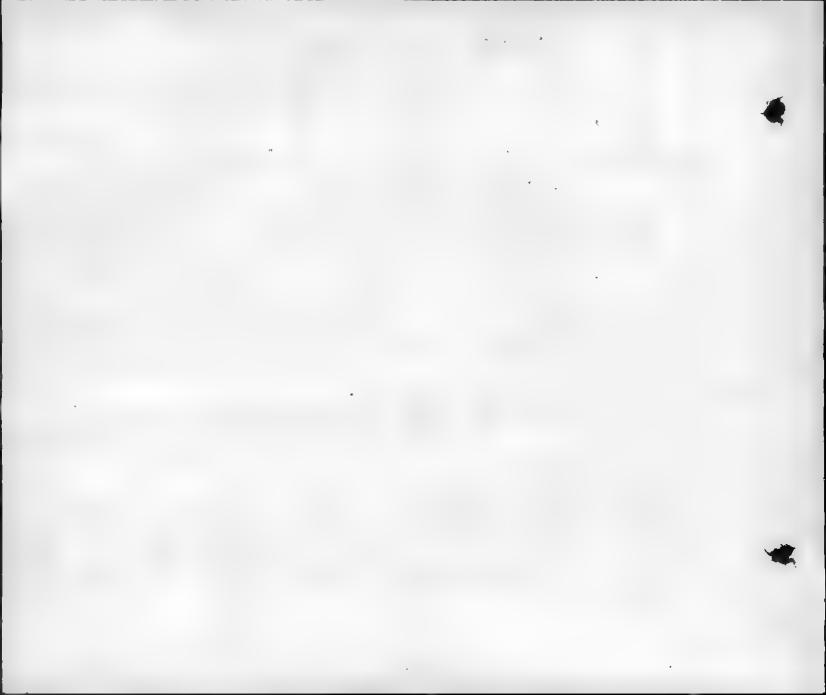
11668

Reg. Dist. No.

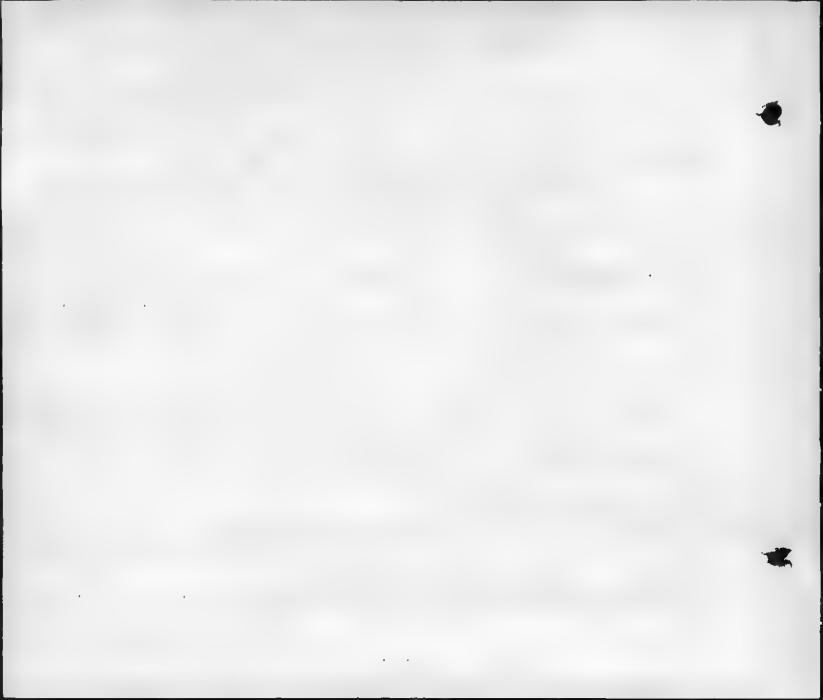
Prince George s Maryland	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  o. STATE h. COUNTY Pr. Geo 8					
b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b Cheltennam 1 Year	c. CITY OR TOWN (If outside corporate limits, write RURAL and give meanest fown)  Clinton, Maryland.					
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	, d. STREET ADDRESS  ON A FARMS YES NO N					
3. NAME OF DECEASED (Type or print) RUDOLPH C . SOH.	AEFER 4. DATE Month Day Your OF DEATH Oct. 11th 19 58					
1/ 1	B. DATE OF BIRTH  August 31- 1870  P. AGE (In years   1F UNDER 1 YEAR IF UNDER 24 MPS   Months   Days   Hours   Min   Mi					
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)  Retired  Tron Worker	TRY 11. BIRTHPLACE (Stole or foreign country)  Lithunia  USA					
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown					
(Yes, no, or unknown)   (If) yes, give wor or dates of service)	ydia Schaefer Same As # 2.,					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY,  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoting the under- lying cause lost.  (c)	alstruction INTERVAL BETWEEN ONSET AND DEATH					
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO					
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) lory, street, office bldg., etc.)					
21. I certify that I attended the deceased from alive on 15 19 7, and that death ACTUAL SIGNATURE SIGNATUR	ADDRESS (Street, city or lown, state)  ADDRESS (Street, city or lown, state)  DATE SIGNED  Local Control (City, town, or county)  CREMATORY  DATE SIGNED  (State)  DATE SIGNED  (State)					
1661Dress Good Hope	o Rd. SE 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					



1	-			MARYLA	ND STA	TE DEPARTA	MENT OF	HEALT	H-BALTI	MORE, 1	8		
	U			110	658	CERTIFIC	ATE OF	DEAT	Н		Reg. Dist.	110	69
with		1.	PLACE OF DEATH				2 USUAL RE	SIDENCE (W	here deceased !	ved If institutio			aron)
\$ 5 E	i fi		Prince	Georges		MARYLAND	o STATE	Marvl		b COUNTY		e Geor	
e a			b CITY OR TOWN (IF	outside corporate limits, v	write c LEN	IGTH OF STAY IN 16	c CITY OF			te limits, write RL			
		L	Chaverl	v. Md		35 Minat	. X 1	anham	1				
the	8		d. NAME OF HOSP TA	AL (If not in hospital, give	street oddress	)		ADDRESS					SIDENCE A FARM?
1 by		L		e Georges Ho	spital			7739 A	nnapabi	Road			NO 📑
Pa -			NAME OF DECEASED	First		Middle	t.	ost	4. DATE OF	Monti	1	Doy	Yeor
E Se	per-	<u> </u>	(Type or print)	Arthur		J	Seifer		DEATH	Octo		7	19 58
compielely popers. Pa	-1	3		6. COLOR OR RACE 7.			8. DATE OF BIR		9.	AGE (In years lost birthdoy)		YEAR IF UND	ER 24 HRS.
T See	. [ )	100	USLAL OCCUPATIO	N (Give kind of work done	DOWED	DIVORCED [	5/25			54 yn.			
Pog fron			during most of worki	ng life, even if retired)		Yard Gov		nnsyl		נעזוו	12 CITIZ	USA	COUNTRY
ono bon	5	13.	FATHER'S NAME	SC ICCIICA	210043	Tare dov	14 MOTHER	-					
cian car	5			thur Seifer	t		, morne	2 MAIOE(4)		bara Fu	11		
hysi nave		15		IN U S ARMED FORCES		SECURITY NO 17	INFORMANT			Addre			
ng p		1"	r uo o numeway	t yes, give wor or dates of service TNO	1		Beatric	e M S	eifert	Lanham.	Md.		
attending t please r within 72		F	18 CAUSE OF DEAT	TH Enter only one couse	per line for (c							INTERVAL BI	ETWEEN
atte part			PART I DEAT	H WAS CAUSED BY:	Multipl	le pulmona	ry infar	cts				24 ho	DEATH
The The			420.1	DUE TO									
d in p			Conditions, if on	y. which ) (b)	Occlusi	ion of lef		ry art	tery wit	h myoca	rdial	1 wee	k
per			gove rise to im couse (a), stating ti	he under- DUE TO		infarc							
en s insit	) )	2	lying cause lost.	(c)	Coronar	y arterio	scle roti	c hear	t disea	186		years	7-20
ber Fro	2	VIO	PANT 11. OTHI	ER SIGNIFICANT CONDITI	ONS CONTRIB	IUTING TO DEATH BL	IT NOT RELATED 1	O THE TERM	INAL DISEASE C	ONDITION GIVE	N IN PART 1		AUTOPSY DRMED?
ho: uria	E va	CERTIFICATION	20n ACCIDENT WAS	LINDERLYING EL 20	DESCRIBE H	OW INJURY OCCURR	ED /Entre notice	-6	D-4 4 D-4 M	-6.14 30.1		YES [	NO 🗆
he b		CERT	200 ACCIDENT WAS OR CONTRIBUTING ! (IF EITHER, NOTIFY A	CAUSE OF DEATH	OLICKIDE IN	OW INJURY OCCURR	ED. (Enter noigre	or injury in	PORT I OF PORT II	of item 18)			
os t			20c TIME OF INJURY		20d INJURY C	OCCURRED 20e P	LACE OF INJURY	(Home form	n, 20f (City or	towal	(Cou		252-4-1
use moti		MEDICAL	Hour a, m,		Mhile No	of while f	actory, street, offi	ce bldg., etc	)	(Own)	(Cou	ιπιγή	(Stote)
for the				at I gitended the de		(2/ 1	0 , 1952	V	111/2	101 X			
hed rial			alive on	. 1 - 11/6/		, and that deat			R	كل كوا ,			
o built				7,-2	•/	, and that dear	ii accorred a			ne causes ar t, city or town, şi		date state	ed abave
DIREC old be			ACTUAL SIGNATURE	7772	e	2-6-2	M.D. 74		a rx			10/	1/18
old I			PHYSICIAN'S						. /				4-4
S should gistrar p			NAME (Type)				h	116	duv	er H	1/1	S M	g/.
Z = 2		220	BUR AL CREMATION			AME OF CEMETERY			artin to	N (City, town, or		(Stat	e)
o g =		22		10/10/58		rt Lincol	n Cemet			Manor,		-	
► A15 (4)		23.	FUNERAL DIRECTOR'S	(2)		DDRESS			OCT 1 0	R 246 REGIST		S. Trave	
10/57		_	Gascn	s ~ons Hy	attsvi	lle Md.		DATE	90110		- Immort	a, / Walle	



death.



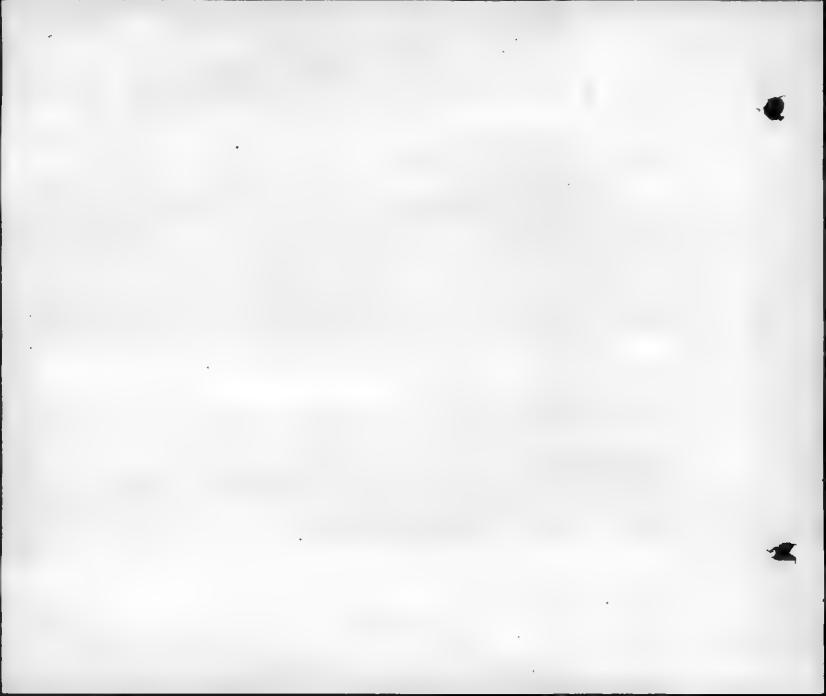
7	UZ-		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1	1		11 COC 8 CERTIFICATE OF DEATH
7 (3)		-	neg; Dist, 140.
S S	÷		PLACE OF DEATH D. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased fived If institution: Residence before admission) D. COUNTY  MARYLAND  NARYLAND  1 DECEMBER 1 DECEMBER 1 DECEMBER 2 D
death.			b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
rs ofter by the	00		d. NAME OF HOSPITAL/If not in hospital, give street address) OR INSTITUTION ON A FARM?  ON A FARM?  ON A FARM?  ON A FARM?
24 hav			NAME OF BECEASED RESCRIPTION AND Middle CALOR OF Month Day Year OF
ithin sely fills		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF FIRTH 1887 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS
mpleh Pers.		100	USUAL OCCUPATION (Give kind of work done 10% KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE ISlate or foreign country) 12 CITIZEN OF WHAT COUNTRY
exection by both both both both both both both both	,	L	Housewife It han a Dissine 21. A Cl.
ate be ician a e corb	I)	13.	FATHER'S NAME  14. MOTHER'S MAJDEN NAME  16. COLLINGTON.
a physical remover the property of the propert		15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  If you, give wor or dotus of services  If you, give wor or dotus of services
oth anding		-	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  [INTERVAL BETWEEN
otte n ple			PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Pulmonous Release 3-444
the the The			416 X DUE TO
d by			Conditions, if any, which ) (b) Recurrente chant decesse 20 yes
nequire			gove rise to immediate couse (a), stating the under fying couse last.
physicial description of the contract of the c	)	CATION	PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq NO \subseteq \)
AN: The surface of rem		CERTIFICAT	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
PHYSICI of or att his certif his certif we as emation,		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of w
No Spire for the L. cn			21. I certify that I attended the deceased from July 1955, to Cot 10 1958, that I last saw the decease
R: Al			alive on
RE Se Co			SIGNATURE Juliu B / Regar M.D. 2210 hills are & 8
TAL Cretaine TAL DI Should trar pr	1		PHYSICIAN'S JOHN B FEGAN WORL LOC.
HOSPI toy be FUNES age 3 :		220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
5 5 0 ±		23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55			W. W. Ekambers Conner 577-11 - Sold C. DATE DOTS 150
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3	Barry .	0	line.	njese

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11659 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

		Keg. Ut	T. NO.
1. PLACE OF DEATH  C. COUNTY  MARYLAND	2 USUAL RESIDENCE (Who STATE Maruland	Prince COUNTY	ce before admission)
b. CITY OR TOWN (If outside carporate limits, write   c, LENGTH OF STAY IN 1b	<b>!</b>		in a second desiral
RURAL and give nearest town) Cheverly 3 days	25 Riverdale	utside carporate limits, write RURAL and g	give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street address) OR NSTITUTION Prince George General	1 d. STREET ADDRESS 5903 63rd	l Ave	e. IS RESIDENCE ON A FARMAN YES NO A
3 NAME OF First Middle DECEASED (Type or print) Maurice	Shelton	4. DATE Month OF DEATH OCT	30 19 58
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		TYEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	14 Dec. 08	Ц9 yrs	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole )	or foreign country) 12 CIT	L S Q
Wry. & Shelton	Hauler's MAIDEN N	The P	,
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 (1) year, give wor or dates of services 578 18 8857	Janon S.	helton lan	epait 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  YOCARDIA	LINFARC	TION (Post)	INTERVAL BETWEEN
420.0 DUE TO B. Berry - See	antiot la	PRISON	1
gave rise to immediate cause (o), stating the <u>under-lying cause lost.</u> (b)  DUE TO  (c)			
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED? YES NO
CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in P	Port I ar Port 11 af item 18 )	
	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.		Country] (Stole)
21. I certify that I attended the deceased from a family	195) 10	10-50- 1958, that 11	ost saw the deceose
alive an		M, from the causes and on the	ie date stoted obav
ACTUAL SIGNATURE CLOSED TO COL	MO VIUE	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)	DATE SIGNE
PHYSICIAN'S NAME (Type) Dr. Albert Roth	*	* * * * * * * * * * * * * * * * * * *	
220. BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify) 10-31-58 FX Sunctions	matory	22d LOCATION (City, town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'E	BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
allowally and adoption	MC DATEMON	I E IES Cathur Y.	Frank



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oy is nero inec		3 1	AME OF	Georges	Fint	. Hospita	Middle .	lest	I4. DATE	Mont	h Dou	Year
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ony be the		5. 5		6 (0)018	14	RRIED   NEVER	MARRIED . 8.	DATE OF BIRTH		9 AGE (In years	IFUNDER TYEAR	IF UNDER 24 HRS
# To All The State of the State			Male	Ele		VED DI	ORCED [	Aug 14, 19	958	lest birthday)	Months Dous	Hours Min.
oth ord ord ord ord ord ord ord ord ord ord		10a	USUAL OCCUPATI	ON (Give kind o	f work done 10t	. KIND OF BUSH		RY 11. BIRTHPLACE (		ountry)	12 CITIZEN O	F WHAT COUNTRY
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			18 CAUSE OF DEA			ne for (a), (b), an	d (c) ]				INTE	RVAL BETWIEN. ET AND DEATH
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endi ioli ioli ioli	·		Conditions, if a		(b)I	ronchop	neumonia.					
in plant			(a), stating the		DUE TO							
sho g mir ss o		7	cause lost.	HER SIGNIFICAL	(c)	CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE T	FRAINAL DISEASI	CONDITION OF	VEN IN PART 1(n)	O WAS AUTOPSY
ndin File ed o	,	CATION	7,01	THE STOTAL TELL	1. 00.10.110.10				E. MARKET BIOCHS		- 1	PERFORMED?
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Med b		CERTUR	PRIMARY OF CO	NTRIBUTING 🗆								
The Thing		3	20c. TIME OF INJU	IRY Month, I	Day, Year 20	d. INJURY OCCU	RRED Tabe PLAN	E OF INJURY (Home.	form, 20f (City	or fown)	(County)	(State)
200mm 100mm 100m		WEDICAL	Hour o. m.			work at wor		ory, street, office bldg.	, etc )			
ritin oge price			21. I certify	hat I took o	harge of th	e remains de	scribed abo	ve, held an Aut	opsy 🗷, Ir	spection [	Inquiry 🕰	, and in my
EXA Bed w			opinion death	resulted fro	om: Noture	couses 🔼	Accident	, Suicide	, Homicide	, Undete	ermined manne	er 🔲
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or a			SIGNATURE	ann	1001	H C	Continue of	M.D CHIEF MEDIC	AL EXAMINER 🔲			DATE SIGNED
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Part of the state		270	REMOVAL (Specify	ON, 226 DATE	THEREOF	ST . P	r CEMETERY OF	CREMATORY INCIDENT		ITON (City, town,		(Stote)
6 0 4 6 g	X		Buria1	10-8	-58	ADDRES	Church	Ceme terv	OX	en Hil.	ISTRAR S SIGNATU	Md.
VS A15ME	1 21)	23.	FUNERAL DIRECTO	Rhines	Co.	3015	12th	St., NE	REC'D BY REGIST	58 240 REG		
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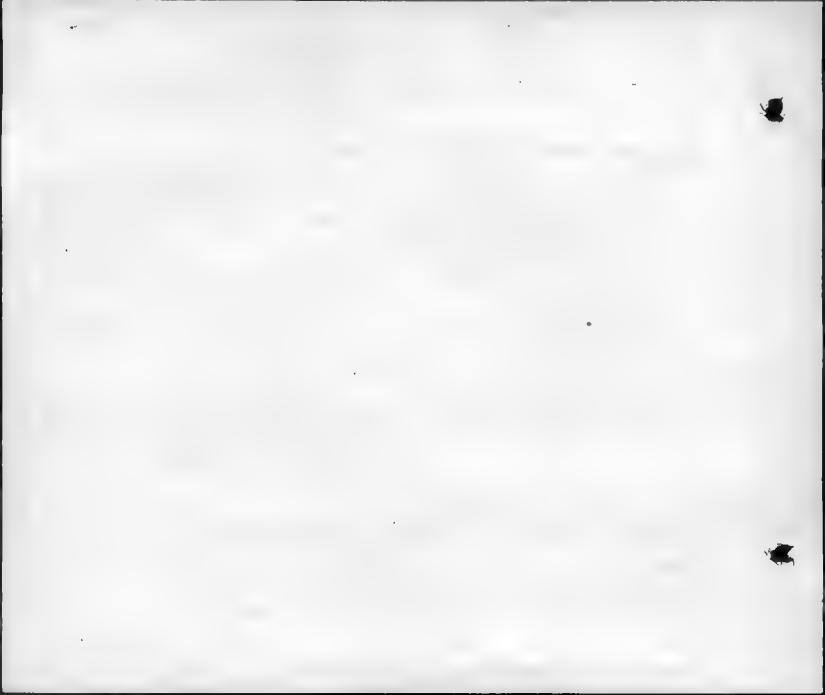
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11697 CERTIFICATE OF DEATH

Reg. Dist. No.

	-		Mail: pist: 140:
	1,	1 0 COUNTY 1 0, STATE	d lived. If institution: Residence before admission)
		b CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits)	FRINCE GEORGES  rote limits, wrste RURAL and give nearest town)
		Willease Till I was I was	111 1
-2	<u> </u>	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION,  d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
·		5 COLEBROOK DRIVE . 5 COLEBROO	K. DRIVE YES DINO DE
		3 NAME OF DECEASED (Type or print) AAR DATE OF THE DEATH	Month Doy Year
	5 5		9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min
	10	FEMALS White WIDOWED DIVORCED 13 1897	yrs yrs
	100	100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign conducting most of working life, even if refired)	- 401 11 0 17
	13	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	RG. MC. W. S. IT.
1	4	ARTHUR H. JENKINS. Adelie	MG RAM.
J	15 {Yes	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  (17 yes, no or without no or with	Address
		15000	milh:
		1B CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] PART I DEATH WAS CAUSED BY	INTERVAL BETWEEN
		IMMEDIATE CAUSE (6) CHICCINOINT OF RECIUMA.	19 Mc1 C1 4-17-59
		DUE TO	To10-10-58
		Conditions, if any, which (b)	. • *
		couse (a), stating the <u>under</u> OUE TO lying couse lost,	
	z	(6)	CONDITION CUCA IN BIOT VILLE AUTORIX
2	CATIC	V E	PERFORMED?
	L CERTIFICATION		II of clem 18.)
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While NoI while of work all of work.	or town) (County) (State)
		21. I certify that I attended the deceased from $4-17-57$ , 19, to $15-10-19$	58, 19 ,that I last saw the deceased
			the causes and on the date stated above.
			reet, city or town, state) DATE SIGNED
1		SIGNATURE COLLEGE Ch 1) C) Verenty into Mo. 1400 Po RAG	LIA FEVE DIE
1		PHYSICIAN'S LHURENCE 1) SUMMERFIELD AT DE	
	220	220 BURIAL CREMATION. 276 DATE THEREOF 224 NAME OF CEMETERY OR CREMATORY 220 LOCATI	ION (City, town, or caunty) (Slote)
	23	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTR	RAR 24b REGISTRAR'S SIGNATURE
	24	W. W. Chambers 517 117h 37 390ART 1 4 '58	Orthug S. Kraus
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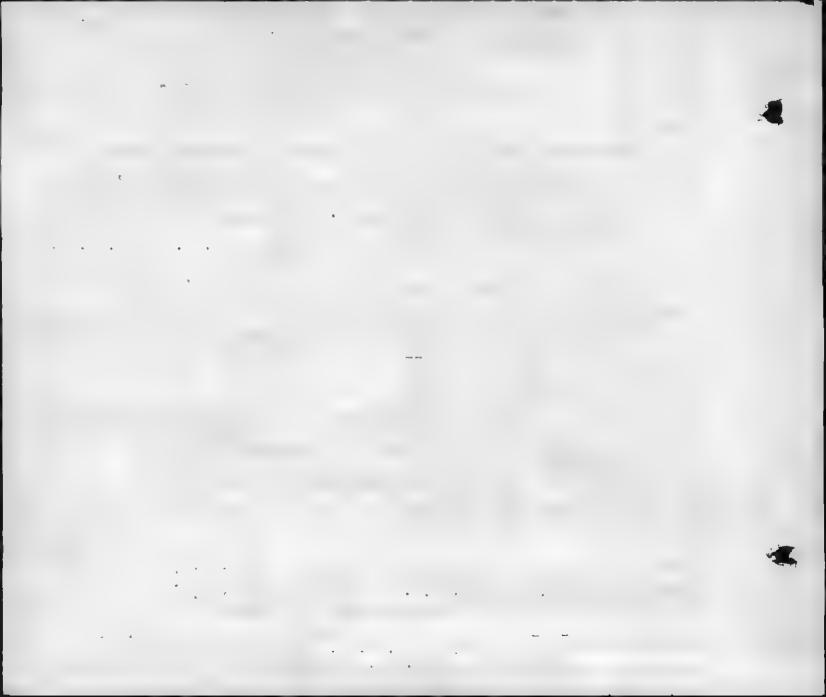


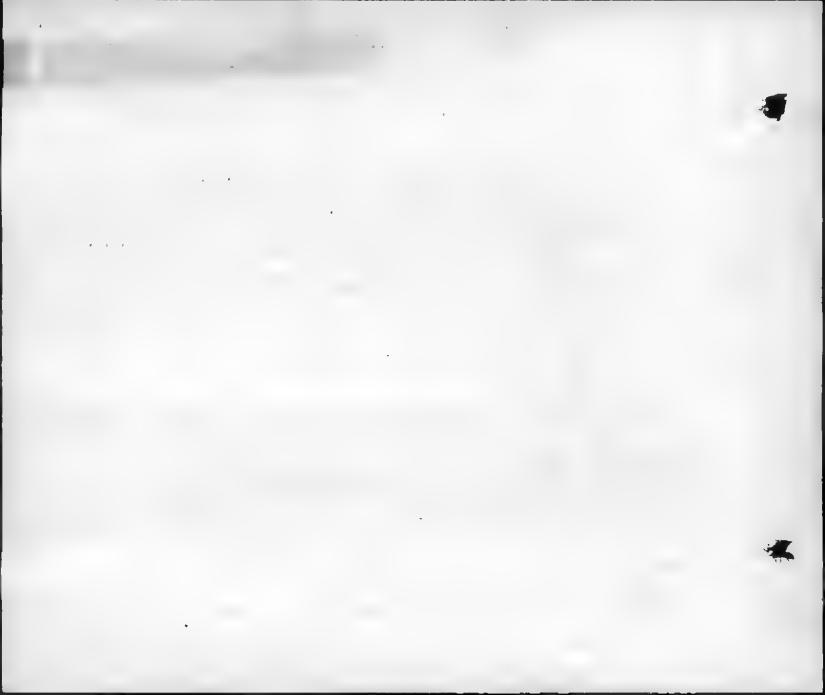


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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11611 CERTIFICATE OF DEATH

ベルリエス	3=111111		Reg. Di	st. No.
1. PLACE OF DEATH 0. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Resider	ce before admission) .
PAINCE GLOADLS	MARYLAND	a. STATE	()(7) b. COUNTY YIJI	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OF JOWNSHIP	utude corporate limits, write RURAL and	give nearest town)
Hvattsville	8 Years	111.8113	6/444/ 8221/2 115	E St.N.E.
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS	111111111111111111111111111111111111111	e IS RESIDENCE ON A FARM?
A COLOR OF THE STATE OF THE STA		56/03//	TALLEY KYLKYYTILYK	YY YES NO
3 NAME OF First	Middle	Lost	4. DATE Month	Day Year
(Type or print) Clementine	Stinzing		DEATH October 20	), "1958 <sub>19</sub> "
5 SEX 6. COLOR OR RACE 7. MARRI	IED 🔀 NEVER MARRIED 🔲	B DATE OF BIRTH	9. AGE (in years IF UNDER last birthday) Manths	1 YEAR IF UNDER 24 HRS.
WIDOWE	D DIVORCED	NOV. 17/68	8.9 yrs. Mentins	Days Hours Min.
10a USUAL OCCUPATION (Give kind of work dane) 10b. 1 during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State of	or foreign country) 12 CII	IZEN OF WHAT COUNTRY
NONE		LASLING.	FION. D. C.	U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
A DARTOK SUN			NARY M. PLIST	ER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no. or unknown) (If yes, give war ar dates of service)	SOCIAL SECURITY NO 17. II	NFORMANT	Address	
		SACRED HEAT	RT HOME RECORDS	
18 CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]		f	INTERVAL BETWEEN
I MMEDIATE CALISE (6)	onary Thromb	DOSIS WICH P	Tyocardial	
400. Due to Inf	arction			1 week
Conditions, if ony, which ) (b)				
gove rise to immediate DUE TO				
lying couse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II of item 18.)	
2	fact.	ACE OF INJURY (Home, form, street, office bldg., etc.)	20f (City or lawn) (i	County) (State)
Havr o. m. 19 While at work	TAME AND THE	conf, siredi, office olog., dic.		
21. I certify that I attended the decease	ed fram 5/11	19 57, to I	0/ 20/ 19 58 that I	last saw the deceased
alive on 10/ 18/ 19 5	8 and that death	occurred at 9:55.	M, fram the causes and an t	he date stated above
70 70	}		ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE Tromas + (	allow	M.D. 322 H S	treet, N.E. 10	0/21/1958
PHYSICIAN'S Thomas F. Coll	lins, M.D.	Washing	ton 2, D <sub>.</sub> C°	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county)	(State)
REMOVAL (Specify) D Urial 10-23-58	GLENWOOD (	CHARTERRY	WASHINGTON. D.	С.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A B.I.	D. C. 24a. REC'E	BY REGISTRAR 24b. REGISTRAR'S SI	SMATURE
FRANCIS J. COLLINS 3	821 14th S'	TA WAY DATECT	2 3 '58	

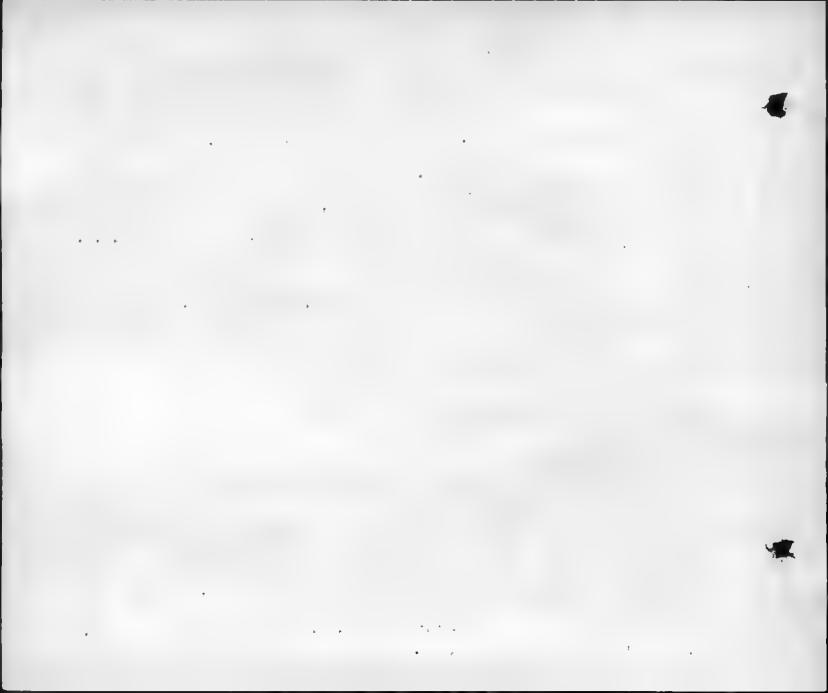




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- I O MOSTINAL OR ALIENDING PRINCIPAL: the taw requires that the decth certificate be executed within 24 haurs after death. Fo	5 M	TO FUNERAL DIREC. R: After this certificate has been signed by the ottending physician and campletely filled in by the term of direction	page 3 shauld be deached for use as the burial-stransis permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11612 CERTIFICATE OF DEATH

-				~~~	14						Reg. Dis	t. No.	
	COUNTY	Prince	Geo	rges	MARYL	AND	2. USUAL RESIDENCE O STATE Mary		eceased lived	b. COUNTY	n Residenc	e before odn	rges
	CITY OR TOWN	(If outside corp			c. LENGTH OF STAY IN	и 1ь	c. CITY OR TOWN						
	RURAL ond give				8 Years	ļ	" Hyatts			,			
- d	NAME OF HOS	PITAL (If not in I	hospital, g	ive street i			d. STREET ADDRES					e. IS F	ESIDENCE
<u> </u>	OR INSTITUT OF	4706 E	dmon	ston	Rd.		4706 Edm	onst	on Rd	•			A FARM?
DEC	ME OF CEASED pe or print)	A	nnie	st	Middle R.		Stombaugh		ATE OF DEATH	Octo	ber	Doy 11	Year 1958
5. SEX		6. COLOR O	OR RACE	7 MARR	IED NEVER MARRIED	)   B	DATE OF BIRTH		9 At	GE (In years		YEAR IF UN	
Fe	male	Whi	te	WIDOWE	DIVORCED		May 4, 18	70	10	88 yrs.	Months	Days Hou	rs Min
10a U	SUAL OCCUPAT	ION (Give kind	of work	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPLACE (S	tole or for	eign country	1	12 CITI	ZEN OF WH	AT COUNTRY
Ho	usewife	a crem	ir ieilieaj		Own Home		Penns	ylva	nia		Ţ	J.S.A.	
13. FA	THER'S NAME						14 MOTHER'S MAID	EN NAME					
		Ambrose	Rit	chey				Cat	herin	e Heng	st		
15. W/	AS DECEASEDE	VER IN U.S. AR			SOCIAL SECURITY NO.		FORMANT			Addre	253		
M	0				None	Cl	narles E.	Stom	baugh	Jr.	Same	as #	2
18		*		use partin	e for (a), (b), and (c)		1/- # =	F	າ 🛮			INTERVAL	
	PART I DEATH WAS CAUSED BY. COMPLETED HEART TO DEATH ONSET AND DEATH												
	4000		DUE TO	12	1		_ , ,		<i>P</i>			P	
	Conditions, if any, which) (b) Cherches (tent Researce ) (O) Ra-												
	gove rise to immediate course (a), stating the under-												
	lying couse lost. (c)												
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES \( \sum \ NO \sum \)												
	ACCIDENT VER CONTRIBUTION FEITHER, NOTIL	IG 🗌 CAUSE O	F DEATH !	20b. DESC	TRIBE HOW INJURY OC	CURRED.	. (Enter nature of injur)	r in Port I	or Part II of	item 18.}			
MEDICAL	c. TIME OF INJI		Day, Yea			Oe. PLA	CE OF INJURY (Home, pry, street, office bldg.	form, 20	. (City or to	wn]	{Ce	ounty)	(State)
MED	Hour o.m		19	While of work	No! while	FUNCE	ary, sincer, ornice blug.,	erc./					
21	. I certify	that I offend	ded the	decease	ed from 19	<u> </u>	4, 19 10		0-11-	19.5%	that I lo	ast saw th	e deceased
0	live on	10-2	_	_, 19_5	and that a	deoth	occurred of 1/14						
		201	7	. /	D' _2-1		0			city or town, s			DATE SIGNED
Sic	ACTUAL SIGNATURE COLO COLO COLO COLO COLO COLO COLO COL												
PH	HYSICIAN'S AME (Type)	ALBER	T RO	TH			Rive	rdal	e M	d.			
	URIAL, CREMAT				22c. NAME OF CEMET			22d	LOCATION	(City, town, or	county)	(\$1	tote)
	TS OWEN			11/5	K. R. M	1111	er F. H.	Ma	rtins	burg		Pa.	
73. FU	Gasch	s Sons	Нуа	ttsv	ille, Md.		240. 1		REGISTRAR 1 4 '58	24b REGIST		NATURE Y Trans	



VS A15 (4) 15M 9/55

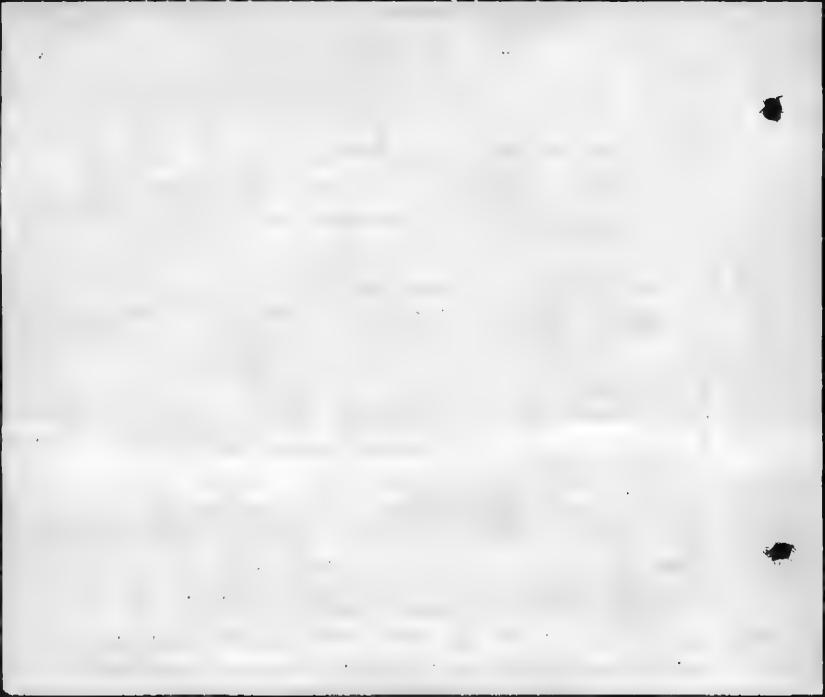
MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
11663	CERTIFICATE	OF	DEATH	

**CERTIFICATE OF DEATH** 

11679

Reg. Dist. No.

1.	PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased live	d. If institution Residen	ce before admission)				
	f / / : e 920	MARYLAND	a. STATE		b. COUNTY	* * *				
	b. CITY OR TOWN (If outside carparate limits, write RURA), and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give recorest town)							
-	d. NAME OF HOSPITAL (If not in hospital, give street of	-d-t)	CI (Meverly							
1	OR INSTITUTION	, , , ,	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES ON NOT							
3	NAME OF First	Middle	lost	4. DATE	Month					
L	DECEASED (Type or print)	E: 5	troup	OF DEATH	10	Day Year				
5.	SEX 6. COLOR ORRACE 7. MARRI	The state of the s	8. DATE OF BIRTH	7/ 9. 6	GE (In years IF UNDER Months yrs.	1 YEAR IF UNDER 24 HRS. Doys Hours Min.				
10	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(State or foreign country	y) 12. CIT	IZEN OF WHAT COUNTRY?				
	QUITED MOST OF WORKING LITAL AVEN IT CANCACT	wn home	7.00	√.	7	5.17				
13.	FATHER'S NAME		14. MOTHER'S MAI	DEN NAME		. /				
1	John Smith									
<u> </u>				Stafford						
15. {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 9 In no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT	11	Address	,				
L	7, ^	.41	acerd 94	7100 46	10 th. 2 m	51. 16				
	18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (o). (b), and (c).	Sho	nebose	's	INTERVAL BETWEEN ONSET AND DEATH				
	Soldier to General arterio Sclerons 2 us									
	Canditions, if any, which gave rise to immediate (b)									
ı	cause (a), stating the under-									
1.	lying couse last. (c)									
Í	PART H. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE CO	MOITION GIVEN IN PART	1 (a) 19. WAS AUTOPSY PERFORMED?				
3	Car	cenen	ca of 13	cadel	22	YES NO NO				
CERTIFICATION	200. ACCIDENT WAS UNDERLYING TO 20b. DESC OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	). (Enter nature of inju	ery in Port I or Port It of	Fitem 1B.)					
MEDICAL		JURY OCCURRED 20e. PU	ACE OF INJURY (Hame	, form, 20f. (City or to	own) (C	ounty) (Slote)				
Q Q	Hour a. p. While of work	Not while	tary, street, office bld	g., efc.)						
		I DESCRIPTION	2	1000	1 457					
	21. I certify that I attended the decease		Z 19Z./210	2977	, 19.92.63,that	ast saw the deceased				
	alive on 1925	ond that death	occurred at 22			ne date stated above.				
			D.		city or town, state)	DATE SIGNED				
Н	SIGNATURE / // ///	uce_	M.D. Kive	rdale, Md	0ct	9, 1958				
	PHYSICIAN'S L W Malin		i	liverdale,	Md.					
22	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION	(City, town, or county)	(State)				
	Burial Oct 11. 1958	Fort Lincol	n Cemeter		r Manor. Md	10.0.1				
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REC'D BY REGISTRAR	24b, REGISTRAR'S SIG					
	10 ~ 1 4 0	sville, Maryl	land.							
	That (	sville, rally.	Lanu. DA	FICT 1 4 '58	Civilini & +	isau4				



VS A15 (4) 15M 10/57

		110	664	CERT	IFICA	TE OF D	EATH			Reg. D	ist. No	mer my	580	
Ľ	1. PLACE OF DEATH  COUNTY  Prince George  B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest law).						2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o STATE b. COUNTY  Manyland c. CITY OR TOWN 116 outside corporate limits, write RURAL and give nearest fourth							
	Cheves  NAME OF HOSP OR INSTITUTION	TAX (If not in hospital, g		address) days		d. STREET A	overly DOKESS	<del>y</del>					FARM?	
3, 1	Prince Ge NAME OF DECEASED (Type or print)	orges Gener		ospital Midd		2507 lost Buit	Crest	4. DATE OF DEATH	Mar		Do	ly '	19 58	
-	Male	White	WIDOWI		ED	DATE OF BIRTH	1881		9. AGE (In years last birthday)			IF UNDE		
R	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Foreman  Parks  13. FATHER'S NAME  Charles J  Suit						JSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME  Maryland  UnitedStat  Martha E Francis							
7	Conditions, if gove rise to couse (o), stating lying couse lost	the under-	an	derio:	cle	mary	he	and of	dise	r cal	ONS	ERVA. BE SET AND	TWEEN DEATH	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NO OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)													
MEDICAL	20c. TIME OF INJU Hour o.m. p.m.	RY Month, Doy, Yes	While	NOT while	20e PLA foci	CE OF INJURY (Fory, street, office	lome, form, bldg., etc.)	20f (City	or lown)	(	(County)		(Stote)	
	21. I certify that I attended the deceased from 10 - 6, 1958 to 10 - 9, 1958, that I last sow the decease alive an 10 - 19, and that death accurred at 3,000 M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE M.D. 311 - 38th Ave. Cottage City, Md.													
]	Burial Burial			Evergre		emetery		Blade	ion (City, fown, o	Md.		(Stote	2)	
23	I'. Gas	. 47	Hya	ttsville,	Md.	1	DATE GC		-0	STRAR S SI		E		

MARYLAND STATE DEPARTMENT OF HEALTH DALTIMODE 10



FOR STATE HEALTH DEPT.

A.

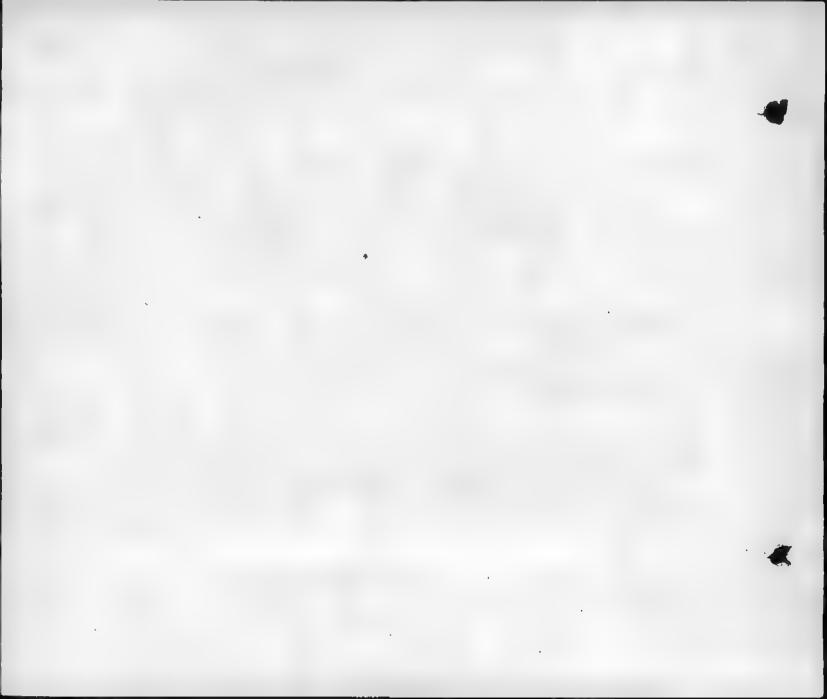
6

TO DEPUTY MEDICAL EXAMINER: This certificate should be \_\_\_\_ted within 24 hours afail d==1. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral direction of should be fare field to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, and 2 with the State Board Anfaction, at its designated agent, prior to burial, cremotion, or removal, and in any event writin 72 hours after death. 協

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18									
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. 1.1681									
1. PLACE OF DEATH 6. COUNTY 7	-								
LIPINCE GEORGES MARYLAND SCOUNT PRINT GEORGE	3								
b. CITY OR TOWN (I outside corporate limits, write RURAL ond give neorast town)  c. CITY OR TOWN (II outside corporate limits, write RURAL ond give neorast town)	2								
CAPITAL HEIGHTS 1 284M (CAPITAL HEIGHTS									
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d STREET ADDRESS   e. IS PISICELLE									
Lelle 59th ALE VES NO PO									
3. NAME OF DECEASED First Middle Lost 4 DATE Month Day Year OF	-								
(Type or print) FIDVARD PHILIP DULLIVAN DEATH ( et 15 1958									
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE IN year 15 UNDER 17EAR IF UNDER 24 MAR.	_								
TOTALE (AUCASTAN WILLOWED ) DIVORCED   C/C/1 / G/1/34/3 60 yrs.									
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country)  12 CITIZEN OF WHAT COUNTRY during most of work ng life even if refired)	?								
PIPE FITTER WAVALGUN FACTORY LVASHINGTON, DC L.S.A.									
13. FATHER'S NAME									
EDWARD A, SULLIVAY  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT  Address.									
Year no, ar unknown) If year, give may or dates at service)									
LINEADENA CAP HONE MD									
PART I DEATH WAS CAUSED BY:									
1/1/2 immediate cause (o)									
Conditions, if ony, which) and Conditions of the									
gove rise to immediate couse									
(o), stating the underlying DUE TO couse lost.									
PART H. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO PORT II OF HEAD 18 OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.									
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	-								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County) (State)  While Not while of work of work of work									
Hour e, m, While Not while factory, street, office bldg., etc.)  p. m. 19 of work of work									
21. I certify that I took charge of the remains described above, held an Autopsy Inspection I Inquiry ond in my									
opinian death resulted fram: Notural couses . Accident . Suicide . Hamicide . Undetermined manner									
ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED									
EXAMINER'S ASSISTANT MEDICAL EXAMINER	_								
NAME (Type) JAMES - La COLY - DEPUTY MEDICAL EXAMINER (T) (5-X/3/1952)									
220 BURIAL (CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION AC ty. down of county)									
23 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 240 REC'D BY REGISTRAD 240 REGISTRAD COCKNATURE									
11/18/6									
WIN L numbers 60, Washington, B. C DAMBET 1 758 CI'm & Krank									



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11682
P	11698 CERTIFICATE OF DEATH Reg. Dist. No.
Page director	1. PLACE OF DEATH  O. COUNTY  PIT INCE  PORTO S  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission)  D. STATE  MG.R.V. Pa M  B. COUNTY  P. LICATORS
be fil	b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
P 3 34.	Washington 22 DC Kite Ruxal Nashinglon 22 &C
nurs off	of institution  CR INSTITUTION  CR 17 O alfentown Rd SE  C270 Allentown Rd SE  C270 Allentown Rd SE  C270 Allentown Rd SE  NOD
n 24 ho filled in jes 1 or	3. NAME OF DECEASED (Type or print) Lette Los eight Ne To-y EOR DEATH Cet 1 1958
Pog Pog	5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min
comple single reserved	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
be execution and complete death	Domestic Georges Co. VIA, 71,5,
0 505	13. FATHER'S NAME
physici mave home	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address
h certing ph	10- [If you grow wor or dotal of service] - MRS Russel Padgett = 62/8 allowed or many to me to m
deat trend plea: withir	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH
the o	I TO X DUE TO DUE TO
d by mit.	Conditions, if any, which partie to immediate by Careenenia RTBREast with Metastases I year
require	couse (a), stating the under.  Lying couse last.  Let any defended the proof of Arterio Screnosis.
Jaw r ysicio been trans at, ar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
g phy has urial- emay	YES NOW
IAN: endin ficate the b	200. ACC DENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING   CAUSE OF DEATH  OF THE PROPERTY OF THE
YSIC ocnti centi	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
sital of Phis creme	P. m. 19 of work of work
DING Page Afre Afre I rial,	21. I certify that I oftended the deceased from Gon I 1958, to Got I 1958, that I last saw the deceased olive on 681 I not the date stated above.
Seroce by by	ADDRESS (Street, city or town, state) DATE SIGNED
A Peed by A peigr	SIGNATURE PENDO Than (all a) MASHINGLOU 28 DC 19/2/57
SPITAL Operation of retain 3 shauld gistron p	PHYSICIAN'S PALLE CVAN NATTA (54405ilver 741/18/152.
HOSE 3 FUNE	220. BURIAL, CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
5 5 5 5	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS A15 [4] 15M 9/55	Semmon Born 1661-gd Haze 17 25 DATE DET 3 '58 (11' , 8 + 1/2)
	Zeget Del



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 🖚

may be retained to the hospital or attending physician.

TO FUNERAL DIRE After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be the five the burial-transit permit. Then please remove, carbon papers. Pages I and 2 shot the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11699

**CERTIFICATE OF DEATH** 

									Ke	g. Dist.	NO.	
PLACE OF DEATH     G. COUNTY				- 1	2. USUAL RESI	DENCE (Wh	are deceased			esidence l	pefare admi	ssion)
Prince George MARYLAND					Maryland b. COUNTY Prince George							
b. CITY OR TOWN RURAL and give r	1ь	c. CITY OR TOWN (If autside carporole limits, write RURAL and give rearest lawn)										
Oxo		∴ Oxon Hill										
	ITAL (If not in hospital, i		d. STREET ADDRESS e. 15 RESIDENCE							SIDENCE		
		5320 Oxon H111 Road YES N										
3. NAME OF	320 Oxon Hi		O.B.C. Middle		los		4. DATE	IIOAU	Manth		Day	Year
DECEASED (Type or print)	Daniel		Walter	TD1		•	OF DEATH	Oat	ober	7	ouy	19 58
5 SEX	6. COLOR OR RACE	_	HED NEVER MARRIED		DATE OF BIRTI	н		9. AGE (In y		NDER 1 Y	EAR IF UNI	
M-1-	37	WIDOWI		_	**			last birthd	oy) Maj	oths Do		1
Male	Negro		KIND OF BUSINESS OR I		March RY 11. BIRTHPL		L888		yrs   E		L L	T COUNTRY
during most of wo	rking life, even if retired	1)	KIND OF GOSINESS ON	1400311	TI, BIKITIC	WCE (Sidie )	ar rareign co	10mmy)				I COUNTRY
Reta	red							unty,	Md.	<u>u.</u> S	. A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	Hugh Walter					Sarah	n Jane	Brisc	oe			
15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FOR	(CES? 16.	SOCIAL SECURITY NO.	17, INE	ORMANT				Address			
		5	77. 16 7317	Mrs	Mary	Alice	Thomp	son	5320	Oxon	Hill	Road
18. CAUSE OF DE	ATH [Enter anly one co	ause per lii								1	INTERVAL B	ETWEEN
PART I. DE.	ATH WAS CAUSED BY:	. 6	ARCINON	14	06 1	. OW	CB	BOW	01-	(	ONSET AN	D DEATH
130,00			71.0			<i>y</i> - <i>y</i> .		10 - 41				
Conditions, if			?									
gave rise to	immediate (		*									
cause (a), stating		,										
lying cause last.		10:210:10		D.10							1-1-	
PART II. OT	THER SIGNIFICANT CON	adilions <u>t</u>	CONTRIBUTING TO DEATH	FROIN	OI RELATED TO	THE TERMII	NAL DISEASE	CONDITION	I GIVEN IN	V PART 1(	PERF	ORMED?
2		lew pec									YES [	NO I
OR CONTRIBUTION	AS UNDERLYING TO	206. DESC	CRIBE HOW INJURY OCC	URRED	(Enter nature al	f injury in P	art I ar Part	1 If of item 18	.)			
	Y MEDICAL EXAMINER)											
20c. TIME OF INJU				e. PLAC	E OF INJURY (I	Home, farm,	, 20f. (City	ar lown)		(Cour	nty)	(State)
P. m.	19	While at worl	k at work		.,,	0.08.1 610.	1					
21. I certify t	hat I attended the	decess	ed from 10	~ 3	- 1928	10 //	0.7	10	38 1	ak I love	h amus Afra	deceased
glive on	10 - 3	ئى 19										
direction and individual decired activities and an ine date										ted abave PATE SIGNED		
ACTUAL Thirling & Compress MD M.D. 2433 1/2 N1 chols Ave. S. E. Wash.										ATE SIGNED		
SIGNATURE / /	munu &	مهم ليا	grew vac	м.	D2433	1/2 N	1chole	a.Ayea,	. S	ME WE	ish.	
PRESENTS			O									
	Theodore E.	Corp										
27a. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREO	)F	22c. NAME OF CEMETE	RY OR	REMATORY		22d. LOCAT	ION (City, to	wn, or cou	mty)	(\$lo	ite)
Burial	Oct. 11,	195	St. Paul C	hur	ch		Oxon	Hill			Md.	
23. FUNERAL DIRECTOR	R'S SIGNATURE	mas.	ADDRESS T.T1	والمناكات المناكات		240. RECT	EY REGIST	RAR 245.	REGISTRAR	S SIGN	TURE A	
DLLO	11	11	omethe wasi	,			- N					



1-	1		
	ATE DEPT.		PLAC CC
Poge		b	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pending them 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the TO FUNERAL DIRECTOR: Page 3 should be used as a buriotronsit permit. File pages 1 and 2 with the State Board or its designated agent, prior to buriot, cremotion, or removal, and in any event within 72 hours after death.		3. 5. 5 100	NAM DECE Type
Cive Poges 1, 2, h form PM3. Pog File pages 1 on my event within 7.	1)	13, 15.	FATI
executed within cit in them 18 yellow the permit through and in a movel, and in a		1	18.
icote should be ending" in pen of Examiner's Creed os o buriolemotion, or re-	^	ATION	Cor gov (e),
MINER: This certifing the word "part the Chief Medic. bge 3 should be to broad to broad the part to buriol, cr		MEDICAL CERTIFICATION	20c. 20c. 21.
MEDICAL EXAMINE CONTROL OF THE CONTR	at		ACI SIG
Should Its desi	4	220	NA.
5 , 4 5 ,		23.	FUN

VS A15ME 5M 2 '57

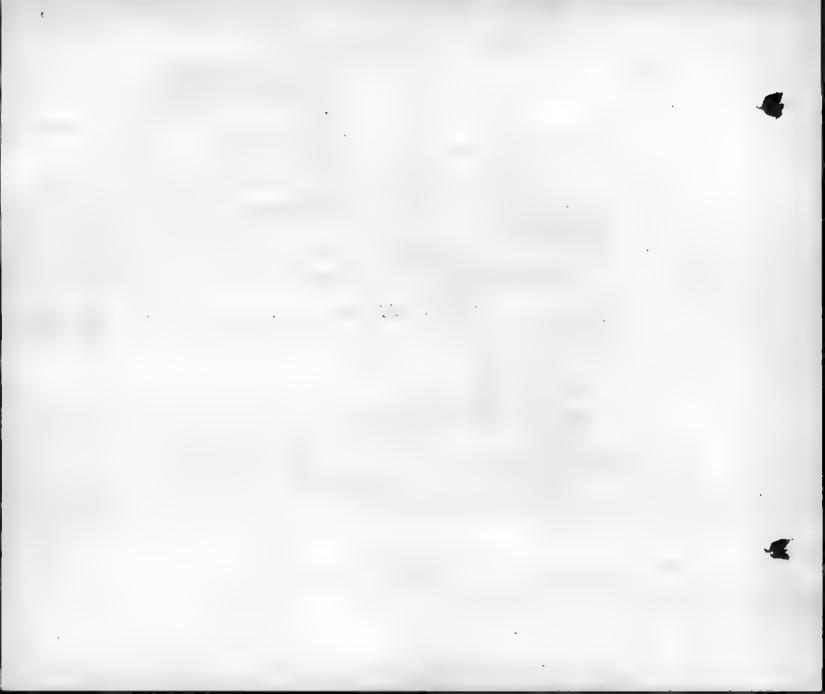
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORI	E, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1

11684

Ŀ	neg Dist. Itv.
1	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
1	· COUNTY mee Seriges MARYLAND O. STATE Manyland & COUNTY CI- Ser
ŀ	b. CITY OF TOWN (If ours de corporar himse, we a STRA.   C. JENGTH OF STAY IN 1b   C. CITY OR TOWN (If ours de corporate limits, write RURAL and give negrest town)
	ond ary nearest town)
ŀ	Jours gransing Jame
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  ON A FARM
-	Kemm-11. K- Macilo Jeneno Jank 18d 185 NO 1
	3. NAME OF DECEASED AND A First Middle AD Cost 4. DAYE Month Doy Year
	(Type or print) VI Illedge Dillman DEATH 10- 22- 1955
Н	5. SEX   6 COLOR OF RACE   MARRIED   B. DATE OF BIRTH   9. AGE (In years   IFUNDER 19EAR IF UNDER 24 HPS
П	WINCLE COL - WIDOWED   DIVORCED   7-13-1910 US yrs Months Days Hours Min.
ľ	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR NDLSTRY 11 BIRTHACE (Stotages foreign appurity) 32 C.TIZEN OF WHAT COUNTRY?
1	during motified violeting tree even if retired
1	13, FATHER'S NAME 1
4	13. FATHER'S MAIDEN, NAME
4	Willedge Sillmon Sarah Mitchell
1	15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO. THE INFORMANT Address   16. SOCIAL SECURITY NO. 17. INFORMANT   18. June was or dates at service)
-	Vir Jean Jelman; same adaress
ı	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
-	PART I. DEATH WAS CAUSED BY:
ı	MMEDIATE CAUSE (o) TIMPMA ST & MUCH
ł	gove rise to immediate couse (b) aranna-multiple and severe.
1	(o), storing the underlying DUE TO
J	couse last, (c)
١	PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
J	PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AULOPSY PERFORMED?  YES NO DESCRIBE YOW INJURY OCCURRED. (Enfer nature of injury injort Lot Part II of item 18)  CAUSE OF DEATH.
ı	200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury infort I or Part II of Hom 18)
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY, OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or fown) (County) (State)
1	Hour o. m. 10-22 1958 of work of Park Tracks. Barrie Black Some - P. Co-Md.
1	
ł	opinian deoth resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner
I	ACTUAL DATE SIGNED
I	SIGNATURE AND CHIEF MEDICAL EXAMINER
ı	EXAMINERS
	NAME (Type) OOTN T- MALONGY, M.D DEPUTY MEDICAL EXAMINER & 10-22-58-
	270 BURIAL CREMATION: 270 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 220 LOCATION (City town, or county)
	REMOVE (SOUTH) 10-25-38 Linealn M. Suithand (Rd and
1	23. FUNERAL DIPECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ŀ	(Stall Mos) 621 There are DCT 24 58 1 ( I'm & The MA



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11666 **CERTIFICATE OF DEATH** PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institut on Residence before admission Prince George Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) Days Mt. Rainier 36 Cheverly d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION Prince George 2 3602 Perry Street General YES | NO TO NAME OF DECEASED First Middle 4. DATE Month 158 L Toffon Oct (Type or print) Mary DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs Hours DIVORCED [7] Female White WIDOWED | 10g/JUSJAL OCCUPATION (Give kind of work done 10b-KIND OF BUSINESS OR INDUSTRY 11 BIRRHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ARCINO MATOSIS IMMEDIATE CAUSE (o) 6 mos DUE TO ALENOCARCINOMA LTERUC Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPS) 80 PERFORMED? YES A NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAJSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) Doy, Year 20d INJURY OCCURRED (County) (Slote) Hour o. m factory, street, office bldg., etc.) While Not while of work of work p. m. 195 8 that I last saw the deceased 21. I certify that I attended the deceased fram, PM, fram the causes and an the date stated above. and that death accurred ACTUAL SIGNATURE DIREC PHYSICIAN'S NAME (Type) OMERL BURIAL, CREMATION, 22b. DATE-THEREOF 22c. NAME OF CEMETERY OR CREMATORY pode 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 [4] 15M 10/57 DATE NOW



VS. A15ME



0 **VS. A15ME** BM 2/57

23 FUNERAL DIRECTOR'S SIGNATURE

W.W. Chambers Company, Riverdale, Md.

240 REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE DATE OCT 1 4 '58 arthur & fr

e S RESIDL" & ON A FARM:

YES 🔲 NO 📆

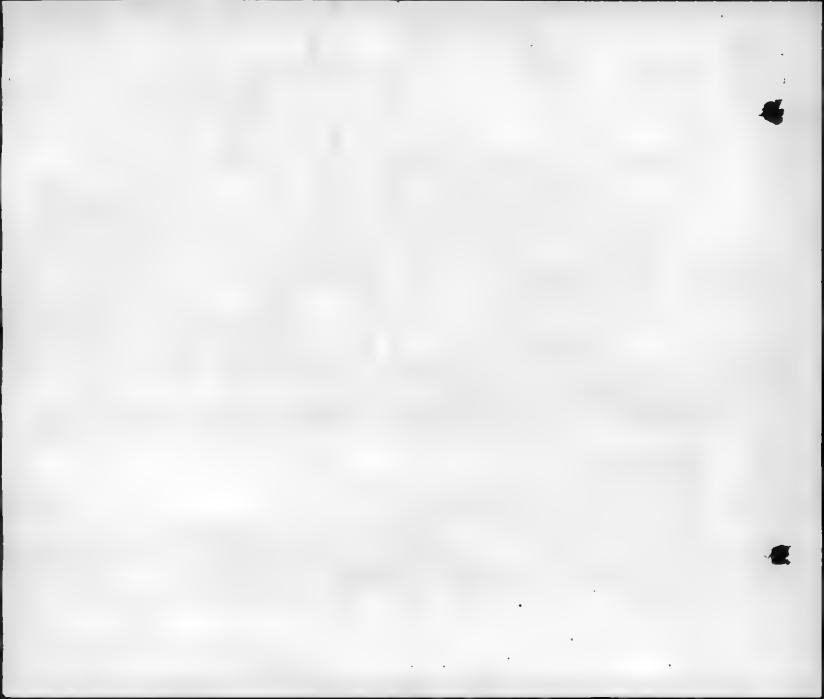
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INTERVAL BETWEEN ONSET AND DEATH

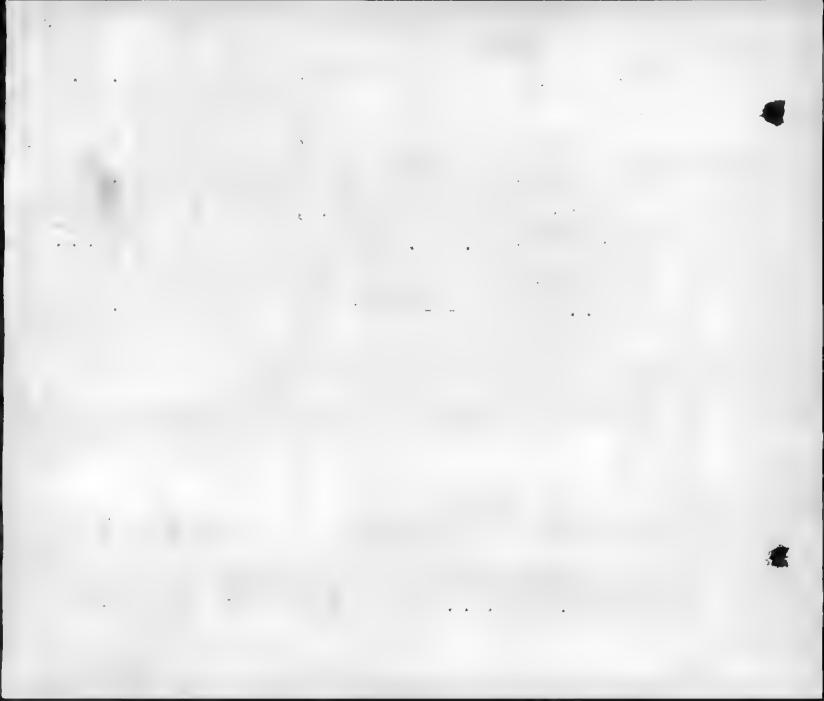
(County)

PERFORMED? NO TO

**DATE SIGNED** 



1 //			MARYLAND	STATE DEPARTME	ENT OF HEAL	TH-BALTIMORE, 1	8
STER				L EXAMINER'S	S CERTIFICA	TE OF DEATH	11688
DEPT.	1 -	PLACE OF DEATH	11618		2 HENDS DECIDENCE	(Where deceased lived   Linstituti	Reg. Dist. No.
1 18	١.	a. COUNTY	ince Georges	MARYLAND	{	land b. COUNTY	
n )	-	CITY OR TOWN	It outs de sorparate limits write RURAL	LENGTH OF STAY IN 16		(II outside carporate limits, write I	RURAL and a ve negrest town)
		and give neasest for	ts <b>v</b> ille	9 years	11 .	tsville	
	-	The state of the s	TAL OR INSTITUTION (II not in he	to the same of the	d STREET ADDRESS		e IS FUIDEN
100		832 Ch	illum Road		832	Chillum Road	YES NO
	3.	NAME OF DECEASED (Type or print)	Charles	Middle	Trout	4. DATE Month OF DEATH October	23, Yeor
	5.	SEX	6 COLOR OR RACE 7. MARRI	IED 🔂 NEVER MARRIED 🔲 B		last burthday)	Months Days Hours Min.
		Male	white WIDOWE		Sept. 6, 1		Months Days Haurs Min.
	100	USUAL OCCUPAT	ION (Give kind of work done 10b ing life, even firetired)	KIND OF BUSINESS OR INDUST	TRY 11. B RTHPLACE (Sic	ite or Toreign country)	12 CITIZEN OF WHAT COUN
940	1 -		inventory man	Un. of Md.	New Jer		U.S.A.
ř	13	. FATHER'S NAME			14 MOTHER'S MAIDEN		
-		Geor	ge Washington Tr	out		Sallwildo Paul	479-19030075 10
	15	. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16		NFORMANT	Address	ducas
		Yes	W.W.1 to 1931	577-09-2744 1	earth Eunice	Trout; same ad	
		1	ATH [Enter only one cause per line				INTERVAL BETWEEN ONSET AND DEATH
		PART I. DE	ATH WAS CAUSED BY:  AMMEDIATE CAUSE (6)	cute congestive	e heart fal.	lure	
		445	N DUE TO				
		Conditions, it	. C	ardiovasculat.	renal diseas	3 <b>e</b>	
		gave rise to imm	ediale couse		<del></del>		
		la), sloting the	underlying DUE TO				
	7		THER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	NOT BELATED TO THE TEL	MINAL DISEASE CONDITION GIVE	NI IN 2457 1(-) 10 14/45 ALITON
Λ	Ę	PART II. O	WER SIGNALICENTAL CONTRIDICAS C	311111011110111111111111111111111111111	TO RECEIVED TO THE TER	MINALDISEASE CONDITION OFFE	PERFORMED
()	5	20 548550141 6	1975 11775				YES NO
	CERTIF	20g. EXTERNAL CAPRIMARY OF COCAUSE OF DEATH	NTRIBUTING []	BE HOW INJURY OCCURRED (B	inter nature of injury in f	art I or Part II of Hem III )	
	WEDICAL	20c. TIME OF INJU		INJURY OCCURRED 20e PLA	CE OF INJURY (Home, to ary, street, affice bidg., a	irm, 20f. (City or town)	(County) (Sto
	MEC	Pour e. m		ork at work	,		
		21. I certify	that I took charge of the	remains described abo	ve, held an Autai	psy . Inspection .	Inquiry K., and in
			resulted from: Natural				mined manner
		1	1	d A		Tromitered [_], Olideler	minied manner [
		ACTUAL (	ed. 7 ans	1	CHIEF MEDICAL	EVAMINED [7]	DATE SIGNE
1		SIGNATURE	ums, Ma	keney	m.u		
O	-	EXAMINERS				ICAL EXAMINER	ייי מו זמרפ
	_	NAME (Type)	John T. Maloney,				ber 24, 1958
	22	REMOVAL (Specil	ON, 1776 DATE THEREOF	274 NAME OF CEMETERY OR	CREMATORY	22d LOCATION (C 14, town, or	(Stole)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10-27.38	Dearyella	sherigten	Hyuttsve	to produce on a agents
	23	FHNERAL DIRECTO	R S SIGNATURE	ADDRESS			TRAN'S SIGNATURE
	И	eaf I	Unlead Hom	ce 48/2 Dal	ICER HOW DATE	OCT 2 9 '58   a	Thur & Kones
	E		<del>-</del>	wastr	OC.	The second secon	- Contraction



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11614 CERTIFICATE OF DEATH

11689

	~ A Z			Reg. Dist. 140.	
1. PLACE OF DEATH COUNTY PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (WHO STATE WASHING	TON, D.C. COUNTY	tiani Residence before admission) Y	
b. CITY OR TOWN (If outside corporate limits, wri	c. LENGTH OF STAY IN 16 10 MOS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WebSHINGFON, D.C.			
d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION ROLL MANOR	eet oddress)	d STREET ADDRESS 5601 1	3th STREET, N	. W. S RES DENCE ON A FARM? YES ☐ NO KK	
3 NAME OF DECEASED (Type or print) ESTELLE		WALSH (051)	4. DATE MOI OF DEATH	10 Doy Year 23 19 58	
TOTAL STREET OF THE STREET	ARRIED TO NEVER MARRIED TO DIVORCED TO	8 DATE OF BIRTH 9/211/90	9. AGE (in years fast, by Ihday) OO yrs.	Manths Days Haurs Min	
100 USUAL OCCUPATION (Give kind of work done to during most of working life, even if refired)  NOUSEWITE	06, KIND OF BUSINESS OR INDU		or foreign country) NGTON, D.C.	U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
HARRY HEARD		MARGAR	ET BALDWIN		
TS. WAS DECEASEDEVER IN U. S. ARMED FORCES? Yes no os (sakowan) (If yes, give way or dates of service)		Distre M. Do	an Therese -	- Carell Theror	
18. CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate couse (a), stoling the underlying cause lost.  Conditions (b)  DUE TO  United the underlying cause lost.	Brain Tumor	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 179. WAS AUTOPSY	
( Ce buth a l'impare et ta	seastor 4) vigetor	y hute, g. se:	copy of to 100.	PERFORMED? YES NO P	
OR CONTRIBUTING COLORS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in f	art I ar Part II of item 18.)		
Hour a.m. 19 at	nile Not while foo work or work	ACE OF INJURY (Hame, farm clary, street, affice bldg , etc.	1	(County) (State)	
	and that death	occurred at 12:350,	_M, from the causes of ADDRESS (Street, city or town,	and on the date stated above DATE SIGNED	
220. BURIAL, CREMATION. 22b. DATE THEREOF FEMOVAL (Specify) 11-25-5	8 net aleue		22d. LOCATION (City, Town	or county) + (Stote)	
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS OU ASL	1 240 REC'I	BY REGISTRAR 246. REGI	ISTRAR'S SIGNATURE	
74 Callins	3821-14	- 4 (C) DATE OT	2 8 '58	2 9 45	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 4 may be retained Earthe haspital or attending physician.

D. FUNERAL DIR.

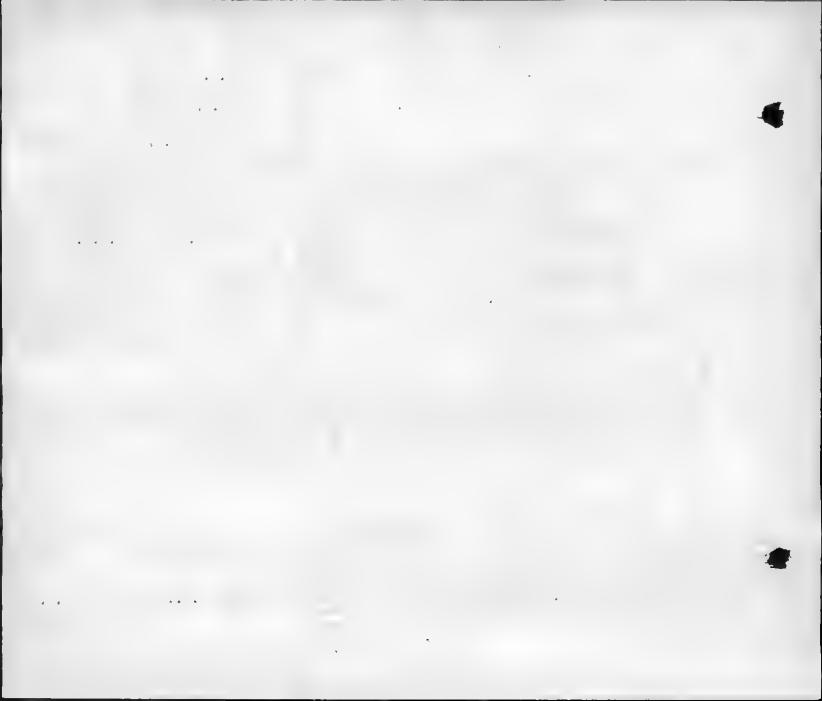
OR: After this certificate has been signed by the attending physician and campletely fulled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shither registrar prior to burial, crematian, ar removal, and in any event within 72 hours offer death. TO FUNERAL DIR.

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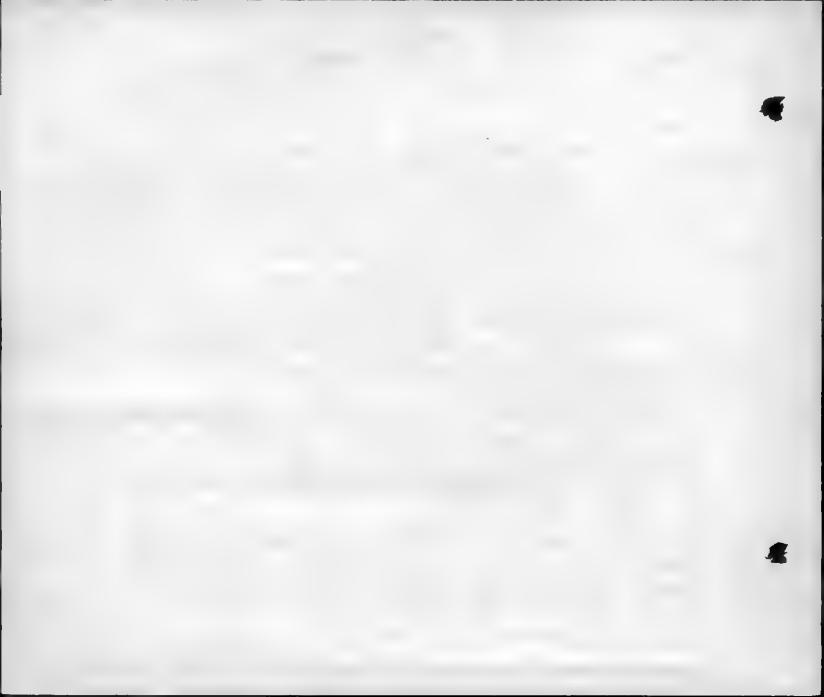
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VS A15 (4) 15M 9/55



1 +	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
7	11701 CERTIFICATE OF DEATH  Reg. Dist. No. 11690	,
Page 4	1. PLACE OF DEATH	
Filed Filed	PRINCE CHEORGESMARYLAND B. COUNTY PRINCE GEORGE	7
e of	b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)	
ž 👺	CLUINGON SBURS, X CWINGON	
urs offe	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  OR INSTITUTION  ON A FARMOVES OF THE PROPERTY O	
alled in	3. NAME OF DECEASED (Type or print) TOHN ROBERTS WARD DEATH OCT, 15 1958	>
Illy f	5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH P AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HPS	
p d s	MITTER WAT I TO WIDOWED DIVORCED NOV 29 1704 33 yra	
ond cam ban pape	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY)  FARMER  HARILLAND  14 COUNTRY)	
ign of corbo	13. FATHER'S MAME	
ysicis may books of hoofs	HARRISON C. WARD WORENA ROBERTS	
ng III) e remo 72 ho	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  (Yes, no. or unknown) [If yes, give wor or doles of service) 2/5-38-38-49-85, MARY WARD - R+1-By 387	R
endi leas Ithin	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH	
he d	PART I, DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE SMELLE	te
at the The every	420.1 DUE TO	-
and	Candilions, if any, which gave rise to immediate (b) MOCARDIHLO INFARCTION 5-10 Enchals	K
require dn. signe sit per ind in	couse (a), stating the under but to have lying couse lost.  (c) ARTERIOSCIMEROTIC CARDIOVASCULAR 3 425.	
ysicii ysicii beiii tran	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?	
The physical property of the physical p	YES NO D	
Ficate the burner of re-	200. ACCIDENT WAS UNDERLYING () OR CONTROLLING TO CALLY OF DEATH OR CONTROLLING TO CALLY OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMPLES)	
HYSIC al or of his cert use as emation	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or love) (County) (State)  While blanking of factory first, office blanking of the county of th	
spitter if far I f	21. I certify that I attended the deceased from TUNE, 1950 to Proto 10 that I last saw the deceased	
Secher acher buria	alive on Sept. 18, 1954, and that death occurred at 62. M, from the causes and an the date stated above.	
or to	ACTUAL SIGNATURE	T)
Loin Coin Coin Coin Coin Coin Coin Coin C	PHYSICIAN'S MIRTHUR SULLIFE TO C. 11 DO + 2 D.	5
NERA NERA 1 3 sh	220. BURIAL, CREMATION, 22b. DATE THEREOF 20c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (State)	55
Poge Proge	Bural Oct 18-58 Chart Church Cluton, manyland	
VS A15 (4)	See the see that t	
15M 9/55 4-	Add & Trush De	



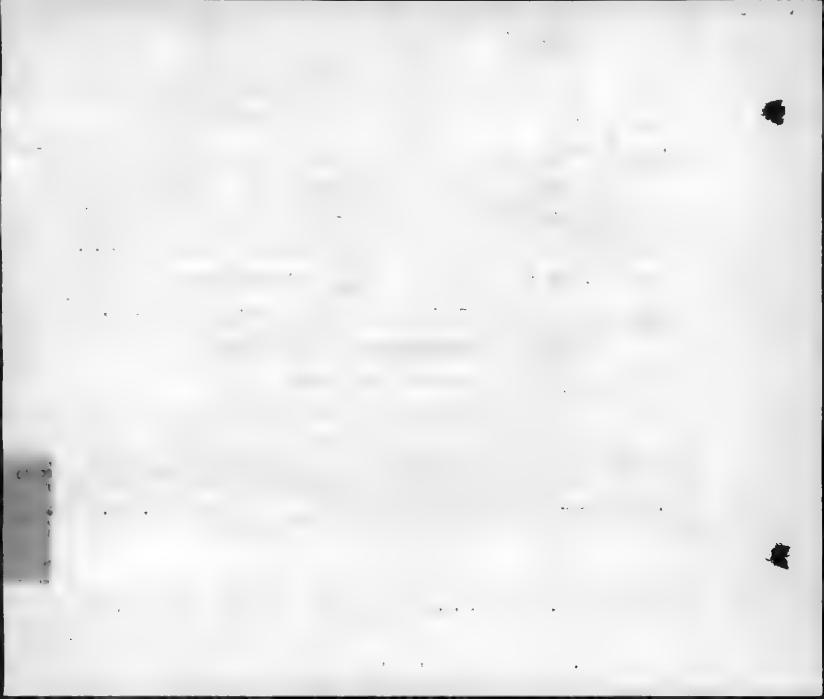
retained for e State Board r death For puo IO CV from 18. Give Pages 1, 2, and along with form PM3. Page 5 it permit. File pages 1 and 2, and in any event within 72 ha Office of burial-trans pending col Exon Chief Med Should by 9 3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1668 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b COUNTY Prince Georges Marvland Prince Georges b CITY OR TOWN If native corpora a family write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Brandywine** d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 7 davs d. STREET ADDRESS e IS RECIDENCE ON A FARM Pr. Geo's General Hospital YES X XXX 3. NAME OF Middle 4. DATE Lost Year DECEASED (Type or print) DEATH Watson October 6 l'rueman 5 SEY 7 MARRIED T NEVER MARRIED T 8 DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 1185 Months Hours WIDOWED T DIVORCED [ Female 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Own Home Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry T. Trueman Florence Deakens 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1802 Myalon Place, (If yes, give wor or dates of service) 3650 Stanley B. Watson; Hyattsville, Md. 18. CAUSE OF DEATH [Enter only one cours per line for (o), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiac arrest DUE TO Conditions, il ony, which Ventricular fibrillation gave rise to immediate coure DUE TO (a), stating the underlying course lost. Hypertensive-arteriosclerotic-heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0):19, WAS AUTOPSY PERFORMED? NO | 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Fort It of Hem 18) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Cardiac\_arrest during anesthetic, partial receivery followed by 20d. INJURY OCCURRED | 70e PLACE OF INJURY (Home, form, 120f (City or fown) Month, Day, Year (County) death factory, street, office bldg , etc.) 3.00 Pm. of work at work Cheverly Hogoital 21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry and Suicide , Hamicide , Undetermined monner opinian death resulted from: Natural causes , Accident , DATE SHEET ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER!** should FUNERA DEPUTY MEDICAL EXAMINER NAME (Type) John T. Maloney M.D. October 7. 1958 220. BURIAL, CREMATION, 27b. DATE THEREOF 27c. NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, lawn, or county) (State) REMOVAL (Specify) 90 Paul's Cemetery Larvland. Buria Baden 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

DATE (1CT 1 4 '58

Ritchie Bros. Upper Marlboro, L.

VS A15ME



VS A15 (4) 15M 10/S7

	STATE DEPARTMENT OF HEALTH—BALTIMO	RE, 18
11669	CERTIFICATE OF DEATH	R
	2 USHAL DESIDENCE ON have described to	6

### **CERTIFICATE OF DEATH**

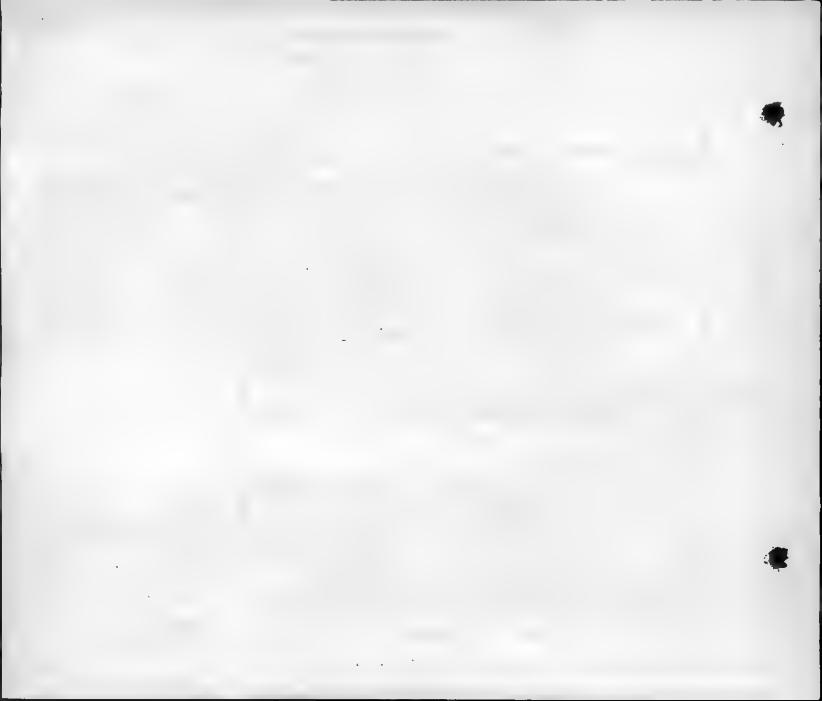
11692

				(eg. Dist. No.
1. PLACE OF DEATH  o COUNTY		2. USUAL RESIDENCE (When	re deceased lived. If institution	Residence before admission)
Prince Georges	MARYLAND	Marylan	id b county	ince Georges
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	tside corporate limits, write RUR	AL and give nearest fown)
Cheverly	15 days	> Edmonsto	on	
d NAME OF HOSP TAL (If not in hospital, give a OR INSTITUTION	treet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince Georges General	Hospital	4824 48th	1 Ave.	YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year
(Type or print) Robert	L	Weber	DEATH Oct.	28 19 58
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HRS
	DOWED DIVORCED	2 April 186	90 yrs	Aonths Doys Hours Min
10a. USUAL OCCUPATION (Give kind of wark dane during mast af warking life, even if retired)	106 KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
Painter	self	Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Unknown		Un	lknown	
15. WAS DECEASEDEVER IN U. S. ARMED FORCEST [Yes. no. or unknown] (If yes, give wor or dates of service)		NFORMANT	Address	
		Mary E Franke	Edmonsto	n Md.
18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).]	AA		INTERVAL BETWEEN
PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Chronic Ne	blineles		ONSET AND DEATH
443 × DUE TO	1:1	111	4.11	
Conditions, if any, which ) (b)	Hyperlenewe	Allenoscless	tie Casseva	ocular
gove rise to immediate Couse (a), staling the under-	11		clista	le
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART I(a) 19 WAS AUTOPSY PERFORMED?
3				YES NO L
PART II. OTHER SIGNIFICANT CONDITION  200 ACCIDENT WAS UNDERLYING 1 20b. OR CONTRIBUTING 1 CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	2 (Enter nature of injury in Po	rt I or Port II of item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 2	Od. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form,	20f (City or tawn)	(County) (State)
	Vhile Not while Fac	tory, street, affice bldg., etc.)		(/
21. I certify that I attended the dec	<i>i</i> 45	13 1060 . 1	14+20 000	
alive an O1+ 27.		13, 1958, 10_C	ettaess., 1998.,1	hat I last saw the decease
dive dil	dna mar deam		SVI, trom the causes and DDRESS (Street, city or lown, sta	on the date stated above
ACTUAL SIGNATURE WILLIAM XXX	asson to	Fa-11	mapolis Re	DATE STONE
PHYSICIAN'S William Ros	sson ., M.D.	Blader	shing M	angland
220 BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify) Oct 30, 1	200 NAME OF CEMETERY OF 958 Ft Lincoln (		nd tocation (city, town, or c	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE
F. Gasch's Sons	ivattsville Md	DATE NOV		us S. Kroue.



death.

ATTENDING



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The same

MARYLAND	STATE	DEPARTMEN	IT OF H	IEALTH—BALTIMORE,	18
		7.3 (9 +			

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246. REGISTRAR'S SIGNATURE

106	111	570	CERTI	FICA	ATE OF DEATI	-1		Reg. Dis	t. No.	
Prince Ge	orges		MARY	LAND	2. USUAL RESIDENCE (WI o. STATE Maryland	here decease				dmission)
b. CITY OR TOWN (If a	outside corporate limi	ls, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If	outside corp	orote fimits, write	RURAL ond g	ive nearest	t town)
Cheverly	es idwij				Laurel 41					
d NAME OF HOSPITAL	. (If not in hospital, g	jive street	oddress)		d. STREET ADDRESS					S RESIDENCE ON A FARM?
Prince Geo	rges Gener	eal			1					ES NO
3. NAME OF DECEASED	Fir		Middle		Last	4. DATE	Ma	rth	Day	Yeor
(Type or print)	Eva	ns	Bush		Wils on	DEATH	· Oct	ober	1	19 5
5. SEX	6. COLOR OR RACE	7 MARR	RIED NEVER MARRI	ED 1	8. DATE OF BIRTH		9. AGE (In years last birthday)			UNDER 24 HRS
Male	Negro	WIDOWE	ED DIVORCE	□ □	7-22-97		63 yrs	Months	Days H	ours Min
10a. USUAL OCCUPATION during most of working	(Give kind of work	done 10b.	KIND OF BUSINESS C	R INDU	STRY 11. SIRTHPLACE (Stole	or foreign		12 CITI	ZEN OF W	VHAT COUNTRY
Laborer	y me, even a remeo	'			Merv	hand		177	nited	0:
13, FATHER'S NAME					14, MOTHER'S MAIDEN			انیاانا	Tred	STATES
Howard	Wilson				Helena	C to a man	a			
15. WAS DECEASED EVER I	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. 1	NFORMANT	-214(0) (		Fress.		
(Yes no. or unknown) (If	yes, give wor or dates of s	ELAICS)								
18 CAUSE OF DEATH	Enter only one co	ouse per lir	ne for (a), (b), and (c).	1					INTERVA	AL BETWEEN
PART I. DEATH	WAS CAUSED BY:		Z	,	1.	^			ONSET.	AND DEATH
561.4	MMEDIATE CAUSE (a DLIE TO		1.26.1.6	ne	- 05	-/			+	
					la -6 1	rt.	11.			
Conditions, if any	mediale		u curer	- C.	un	sce_	CECLU	<u> </u>	-	
couse (a), stating the	e under- DUE TO	, -								
lying couse last.	) (c		CALIFORNIE I A TA DE							
PART II. OTHER	I SIGNIFICANT CON	D HONS C	ONTRIBUTING TO DE	VIH ROI	NOT RELATED TO THE TERM	INAL DISEA	SE CONDITION GI	VEN IN PART	1(o) 19 V	VAS AUTOPSY PERFORMED?
2 455135131		201 274							YE	S   NO
OR CONTRIBUTING	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY O	CCURRE	D (Enter nature of injury in	Part I or Po	rt II of item 18.)			
ZOC. TIME OF INJURY	Manth, Day, Yes	ar 20d. IN While	NJURY OCCURRED  Not while	20e. PL/ foc	ACE OF INJURY (Home, form tary, street, office bldg., etc.	i, 20f. (Cil	ly or town)	(C	ounty)	(State)
	19	at warl	k ot work		·					
21. I certify, that	I attended the	decease	ed from Octor	e R	1, 1958, 1000	To Be O	1957	that I I	ast saw	the decease
alive an UCTO	B&C . 1	19 9	58 and that	death	accurred at 6:30P	M. fra	m the couses	and on th	e date :	stated above
			1. 1				Street, city or town,		io dale :	DATE SIGNES
ACTUAL SIGNATURE	wrold 5	5.	tide ve		MD. 6480	NEW	HAMP	51118	EA	VE
PHYSICIAN'S NAME (Type)	1				TAKOL	n1 12	DODDU	10	n1	1.
	Too. DATE TOO	\-	Tan						1-1719	4'
220. BURIAL CREMATION,	220 UATE INEXEC	/r	22c. NAME OF CEM	ETERY O	R CREMATORY	22d_10C4	ATION (City, Jawn,	ar county)		(State)

C. M. C. DATE OCT 6 58

ADDRESS

en

YS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE



15M 9/55

DATE NOV 3

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Dilleren			
Telline Countries			Senger Creek And Chi
	HEEST-METERGE	STATE OF THE PARTY	and the state of
	Pheny about the		Anna Service Co.
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	A Company of the Comp		
			BELLEVILLE STANK
1 14 6 15 72	Per at lesson d'ann	r	

## FOR STATE HEALTH DEPT.

Poge riles. Health, 贈 EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess scale the cert.

So, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral direction be fare society to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yourer at DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the State Board its designated agent, prior to buriot, cremotion, ar removal, and in any event within 72 hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	1.1.0.1							Keg. DI	ST. IND.	
PLACE OF DEATH	W 100 10 10 10 10 10 10 10 10 10 10 10 10			2. USUAL RES	IDENCE (W	here decean	ed lived. If institu	tion: Reside	nce befor	e odmissian)
e. COUNTY	ince Georges		MARYLAND	o. STATE	Mar	yland	b. COUNT	Pr.	Gee	
b. CITY OR TOWN (	f outside corporate limits, write RL	FRAL C. L	ENGTH OF STAY IN 16	c. CITY OR			porate limits, write			
Cheverly	*)		D.O.A.	W.	Bel	tavil	le			
	AL OR INSTITUTION (If a	ot in hospital,		d. STREET					1	e. IS RESIDENCE
Prince G	eorges Genera	al Hesp	ital	5408	O'De	11 R	ead			YES NO
3. NAME OF DECEASED (Type or print)	Edgar Edgar	Murr	A Yates	Lost		A. DATE OF DEATH	Octob		Doy	Year 58
S. SEX	6. COLOR OR RACE 7.	MARRIED T	NEVER MARRIED   8.	DATE OF BIRTH			9. AGE (In years	IF UNDER	TYEAR II	F UNDER 24 HPS
Male	white w	IDOWED -	DIVORCED 🔲	8-18-	70		fort birthdayt	Months	Days I	Hours Min.
00. USUAL OCCUPATION	ON (Give kind of work don	e 106. KIND	OF BUSINESS OR INDUSTR			r foreign c	-	12. CITIZ	ZEN OF	WHAT COUNTRY
Carpe	ng life, even if retired)	0.0	nstruction	Okla	homa				U.S	.A.
13. FATHER'S NAME	11002			TA. MOTHER'S		AME				
Eds	gar Morray Ya	tes		100	uma H.	Hasti	rell.			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE		AL SECURITY NO. 17. IN			-	Calverton	beef		
(Yes, no, or unknown) No	(If yes, give wer or dates of serv	rest.			tems	Colle	ge Park,	Md.		
18. CAUSE OF DEA	TH [Enter only one couse	per line for (a)	), (b), end (c). ]						INTERVA	AL BETWEEN AND DEATH
PART I. DEA	TH WAS CAUSED BY:	Asph	nyxia						ORSELA	AND DEATH
19721	IMMEDIATE CAUSE (o)									
1-10.1	DUE TO	Carri	on monoxide	poisoni	ne				1	
gove rise to imme		Vela i	OR MOHOLAGO	Potowo					-	
(o), stoting the										
couse fost.	) (c)								1	
PART II. OTI	HER SIGNIFICANT CONDIT	IONS CONTRI	SUTING TO DEATH BUT NO	OT RELATED TO	THE TERMIN	AL DISEAS	E CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED?
20g. EXTERNAL CA	USE WAS 20b.	DESCRIBE HOV	W INJURY OCCURRED. (En	ter noture of in	jury in Part	For Part II	of item 18.)			
CAUSE OF DEATH.	A A	sphyxis	ated in auton	sobile i	ren e	chaus	t fumes.			
3 20c. TIME OF INJU	RY Month, Day, Year	20d. INJUR	Y OCCURRED 20e. PLAC	E OF INJURY (	iome, form.	20f. (City	or fown)	(Cou	ntv)	(State)
20c. TIME OF INJU	10-21-158	White	Not while prive	ry, street, office	bldg., etc.)	-	tsville,	_		
									Geo	
	hot I took charge o			_						ond in my
opinion death	resulted from: No	turol cause	s [], Accident [	, Suicide	H	omicide	, Undete	rmined n	nonner	
()	1-01	1)								DATE SIGNED
SIGNATURE P	mo. To	Non	w	M.D. CHIEF N	EDICAL EXA	MINER			,	DATE STORED
				ASSISTA	NT MEDICA	LEXAMINE	R .			
NAME (Type)	ohn T. Malen	er. M.I	).	DEPUTY	MEDICAL EX	KAMINER T	Oc	teber	21.	1958
To. BURIAL, CREMATIC	ON, 226. DATE THEREOF		NAME OF CEMETERY OR	REMATORY	Т	27d. LOCA	TION (City, fown,			(Store)
REMOVAL (Specify)	Oct 24, 1		ort Lincoln				ar Manor			
3. FUNERAL DIRECTOR			ADDRESS		240. REC'D			TRAR'S SIG	-	
	sch's Sons	Hymtt	gwilla Mam	beels				nus & 9	4 .	

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